SHINE



Car Crash Survivor IS COLLEGE BOUND

Methodist DALLAS MEDICAL CENTER

YOUR HEALTHY LIVING MAGAZINE | **FALL 2024**

SHINE

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Methodist HEALTH SYSTEM

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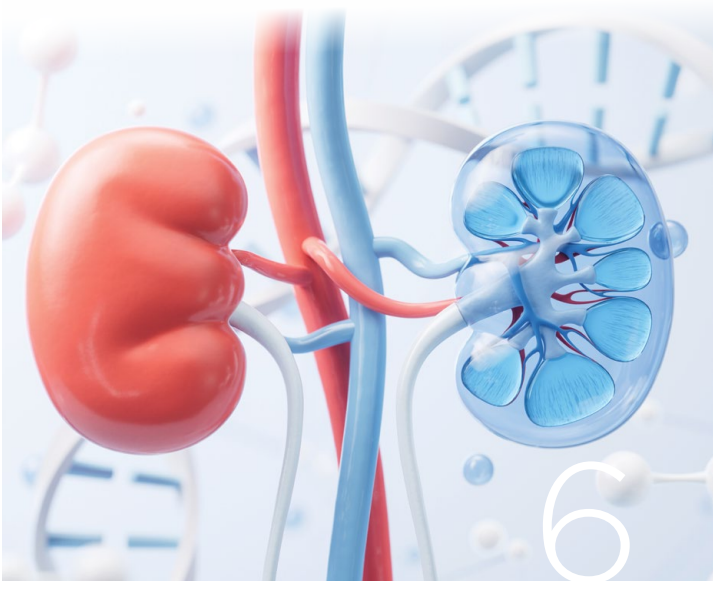

Kidney disease doesn't always have symptoms. Understand your risks so you can **avoid long-term health consequences**.



It's important to maintain a healthy weight as we age — but not at the expense of muscle loss. **Learn more about the relationship between age, weight, and strength.**



Quality sleep is just as important for new mothers as it is for infants. **Use these tips to catch some needed rest.**



Shingles, a disease caused by the chicken pox virus, can be especially painful. **Luckily, there's a vaccine for that.** Learn about the shingles vaccination and when to get yours.

Find more stories at
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BOXER BEATS STROKE TO THE PUNCH

Armed with a newly adopted clot-busting drug, the award-winning emergency department team at Methodist Midlothian helped this young athlete make a rapid recovery

Amateur boxer Alberto Baez was back in the gym weeks after an undiagnosed heart condition led to a stroke and a weeklong stay at Methodist Midlothian Medical Center, where he was treated with the clot-busting drug TNK.

"I was paralyzed completely on the left side," says the 23-year-old Dallas resident, who spent six days a week in the ring before his January 2024 ER visit. "I couldn't move anything."

Alberto praised the response from the award-winning emergency department team at Methodist Midlothian for his rapid recovery — aided by a newly adopted clot-busting treatment known as tenecteplase, or TNK.

"They asked me and my parents if I wanted to try that," Alberto recalls. "And within an hour or two, the feeling started coming back. I could move my fingers and my toes and eventually the rest of me on down the line."

Within a couple of weeks, Alberto was back on his feet and ready to resume light training, thanks to the care he received at Methodist Midlothian.

"Everyone was perfect," he says. "I've never been in a hospital like that. Everyone taking care of me was nice. I feel lucky it happened where it happened."

A STROKE WITHOUT WARNING

It happened about three minutes from Methodist Midlothian, while Alberto was delivering bread to a store just down the road.

"I had just finished the delivery when I noticed my arm giving out," he says. "It's kind of weird to explain, but my arm just started swinging by itself, and then I couldn't talk."



Alberto walked outside to see if some fresh air would help, but halfway to his car, he started limping and ultimately collapsed.

"Boom — I just fell over," he says.

What Alberto didn't know at the time was that he had a hole between the two upper chambers of his heart — a condition known as a patent foramen ovale, or PFO.

"Approximately 25% of the adult population has a PFO," says **Akash Ghai, MD**, cardiologist on the medical staff at Methodist Midlothian. "The risk of a stroke in patients younger than 55 is three times higher if they have a PFO."

In the vast majority of cases, Dr. Ghai says, patients like Alberto lead normal lives and may never know they have a PFO, a hole that normally closes shortly after birth and can often be detected with a heart ultrasound, also known as a transthoracic echocardiogram.

"For those who have had a stroke or, rarely, severe migraine headaches from the PFO, we strongly recommend closure of the hole," Dr. Ghai says.

NEW USE FOR CLOT-BUSTING DRUG

First, doctors would have to treat Alberto for the stroke, and that's where a clot-busting drug long used for heart attacks would come in.

"The health system just moved from using tPA for stroke to TNK," says **Benjamin Lo, MD**, medical director of the emergency department at Methodist Midlothian. "Alberto was one of our first patients to use TNK at Midlothian."

Unlike tPA — short for tissue plasminogen activator — TNK can be administered in a single injection, rather than an initial injection followed by an IV drip that lasts an hour.

"TNK can be given more quickly, and it's easier for the nursing staff to administer," Dr. Lo says. "Time is so critical when treating strokes. We can save more brain function because the medication can be administered faster."

Dr. Lo says Alberto came in with significant stroke symptoms, including facial droop, arm weakness, and speech problems. All of that changed quickly after a dose of TNK, which can rapidly dissolve blood clots in the brain.

"Everything got better after the medication, so it was a really good case," Dr. Lo says. "It was a good catch because it's rare to have a stroke when you're as young as he is."

GETTING BACK TO BOXING

Alberto spent a week recovering at Methodist Midlothian, where a nurse told him that his age and fitness level would help him return to normal in short order.

"She heard that I worked out," he says. "So she told me, 'Just take it slowly, and everything should come back eventually.'"

> **"EVERYONE WAS PERFECT. I'VE NEVER BEEN IN A HOSPITAL LIKE THAT.** I FEEL LUCKY MY STROKE HAPPENED WHERE IT HAPPENED."
>
> — ALBERTO BAEZ

"Eventually" wound up being just two weeks. Alberto was back in the gym by February, still not at full strength but feeling good enough to rehab like the athlete he is.

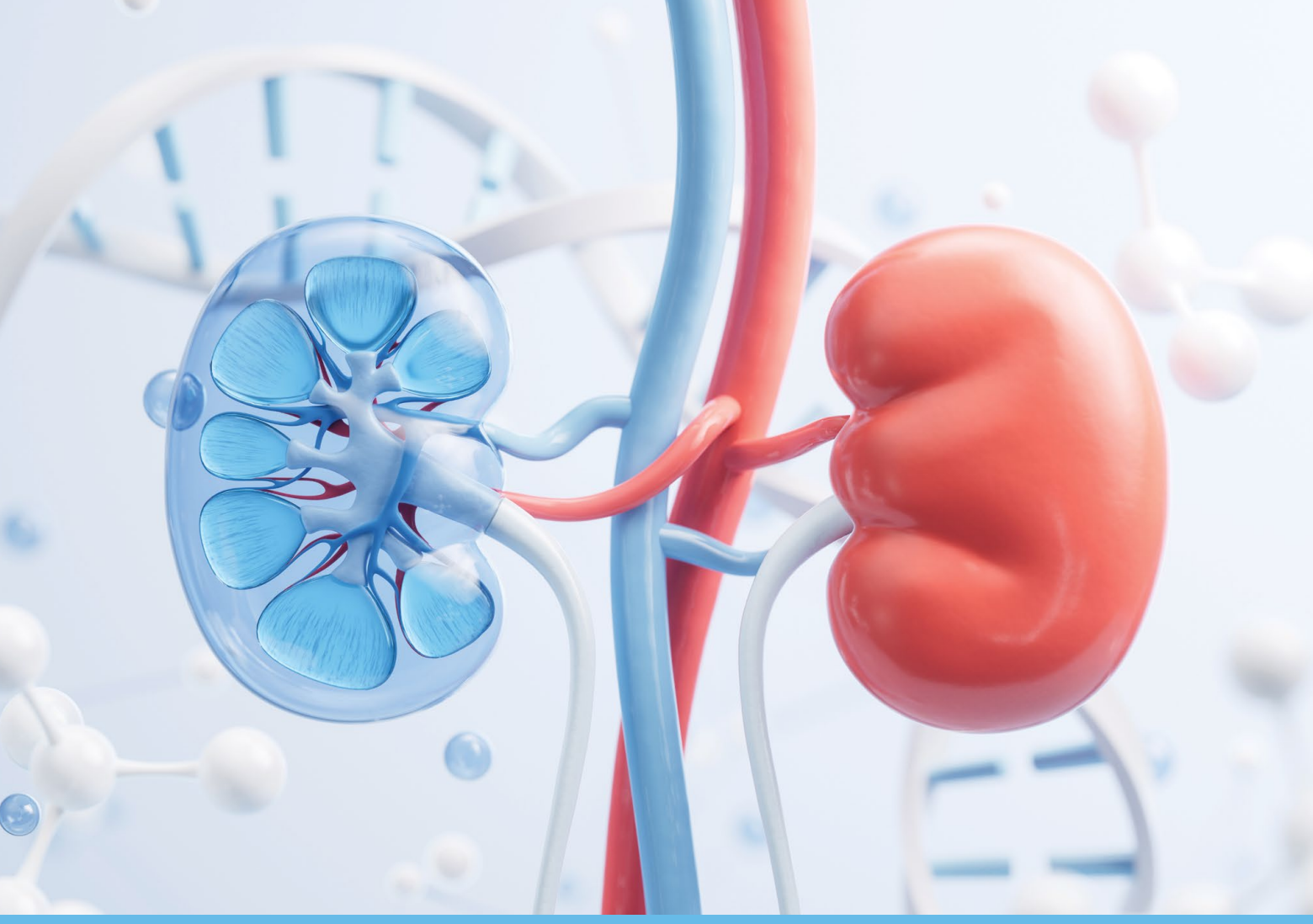
Even so, Dr. Ghai warns that heavy lifting and resistance training should wait until he gets the hole in his heart repaired.

"In general, a PFO doesn't cause symptoms or health complications, but it can increase your risk for developing migraine headaches, stroke, and low oxygen levels while lying flat," he says. "Certain exercises such as lifting weights and resistance training can increase the risk."

Alberto may be taking it easy for now, but going pro is still the second-generation boxer's dream.

"I was training six days a week before," he says. "Now I don't try to push myself too hard because they told me in the hospital not to. But only time will tell."

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



KIDNEY DISEASE: THE OTHER SILENT KILLER

Most people with chronic kidney disease won't notice symptoms until it's too late

More than 35 million Americans live with chronic kidney disease, whether they know it or not, and those numbers seem likely to keep rising, along with diabetes and high blood pressure — the two biggest causes of the disease.

The kidneys are the human body's filtration system, flushing waste, toxins, and extra fluid out of the blood through the urine. When the tiny filters, or nephrons, inside these organs malfunction, there are often no symptoms until it's too late.

"Acute kidney failure happens suddenly, whether because of dehydration, infection, or kidney stones, and it's 100% reversible," says **Srividya Venkataraman, MD**, nephrologist on the medical staff at Methodist Charlton Medical Center.

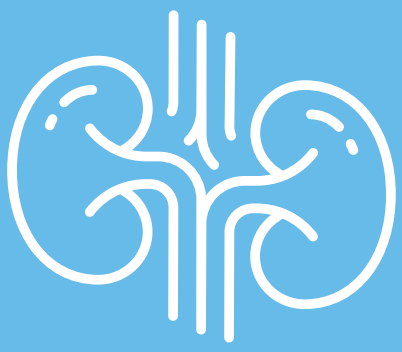
"Chronic kidney disease, on the other hand, is a silent killer because people often don't know they have it until they've lost 75% to 80% of their kidney function."

COMMON SYMPTOMS

We have two kidneys for a reason: If one is damaged or otherwise compromised, the other picks up the slack. That's why it's possible to donate a kidney and still live a normal life.

But that extra capacity also means it's less noticeable when things go wrong with one kidney because its twin compensates for the lost function.

"When you have heart problems, you have chest pains, and when you have stomach problems, you have nausea," Dr. Venkataraman says.



Ask Your Doctor About Your Kidney Function

If you're over 60 and have one of the following conditions, ask your doctor about your risk for kidney disease:

- Diabetes
- Family history of kidney disease
- Heart disease
- High blood pressure
- Obesity

People with a family history of kidney disease should also talk with their doctor about ways to keep kidneys healthy and reduce their risk.

"Kidney problems often go unnoticed because there are two kidneys. They try to compensate until the function drops below 15%."

By then, patients may require a transplant or dialysis, a procedure where a machine is used to remove waste and excess fluid from the blood because a patient's kidneys are overwhelmed. That's when they may experience one or more of the following symptoms:

- High blood pressure and fatigue
- Itchy skin and difficulty urinating
- Metallic taste in the mouth
- Nausea, vomiting, and loss of appetite
- Swelling and shortness of breath caused by fluid retention

Detecting the disease at earlier stages, when treatment can still preserve healthy kidney function, is crucial for avoiding kidney failure and dialysis.

HOW IT'S DETECTED

Now for the good news: Chronic kidney disease can be detected through simple blood and urine tests, no invasive procedures, poking, or prodding necessary.

"This can be done at your primary care doctor's office," Dr. Venkataraman says. "You don't even need to fast before giving your blood sample."

The first thing a doctor will look for is blood or other proteins in the urine. That would suggest a problem with the kidneys' ability to filter those substances.

"Think about it like a coffee filter: If there are coffee grounds in your cup, there's something wrong with the filter," Dr. Venkataraman says. "Normally, there is no protein, no blood in the urine."

Another sign the kidneys aren't doing their job is elevated creatinine levels in the bloodstream. Not to be confused with the amino acid creatine, this waste product is created by the breakdown of muscle tissue in the body and normally gets flushed out in the urine.

"Your doctor will use the result of your creatinine test, combined with your age, gender, and other factors, to calculate what's called an estimated glomerular filtration rate, or eGFR," Dr. Venkataraman says.

An eGFR between 60 and 120 is considered normal, while 15 to 60 may signify kidney disease. An eGFR under 15 is a sign of kidney failure. Knowing your kidney numbers is just as critical as understanding your cholesterol levels and blood pressure.

That's why an annual physical with blood tests to catch chronic disease early is so important, especially for anyone at high risk.

STOPPING IT EARLY

Understanding and managing your risk factors is the first step toward heading off kidney disease before the damage is done.

Anyone 65 and older living with diabetes, obesity, chronic high blood pressure, or heart disease should talk with their physician about their risk of developing kidney disease. So, too, should younger patients who are otherwise healthy but have a family history of kidney problems.

"Polycystic kidney disease is a fairly common hereditary disease where cysts form in the kidney and can replace much of the kidney," Dr. Venkataraman says. "That, in turn, can lead to kidney failure."

Treating kidney disease typically involves treating the underlying conditions that caused it, whether diabetes, high blood pressure, or an inherited condition.

Medications like ACE inhibitors for blood pressure and newer drugs like SGLT-2 inhibitors and semaglutide to manage diabetes are commonly prescribed to keep kidney disease in check.

"Beyond medications, there are other preventive steps we can take to protect our kidneys," Dr. Venkataraman says. "Stopping smoking, limiting alcohol and salt intake, eating a healthy diet, and being physically active can help slow the progression of kidney disease."

Learn 5 doctor-approved tips to tame type 2 diabetes at ShineOnlineHealth.com.

VETERAN GAINS A NEW LIFE
AFTER LOSING 75% OF LIVER TO CANCER

Air Force crew chief praises team at Methodist Richardson for helping him overcome colorectal cancer that spread to his liver

Jesse Paul, an Air Force veteran with three decades of service to his country, faced his greatest challenge yet after leaving the military: colon cancer that spread to his liver. Now cancer-free for more than a decade, Jesse and his wife, Janis, are grateful to the team at Methodist Richardson Medical Center for helping him beat the odds.

"This team was outstanding," he says. "It's amazing. I've gone years with no cancer, not even a symptom of it growing in any other area."

Jesse had more than 75% of his liver removed in a 2013 procedure performed by **Rohan Jeyarajah, MD, FACS**, director of gastrointestinal services and program director of the hepatopancreaticobiliary surgery fellowship at Methodist Richardson.

"My life would be completely different if God had directed me in another way," Jesse says. "This procedure allowed me to transition to a more normal life."

But Jesse's recovery wasn't always a certainty because his cancer was initially diagnosed as something far more mundane.

RETIRING FROM MILITARY

Jesse spent most of his military career working as a crew chief maintaining aircraft for the Gulf War and Operation Enduring Freedom after 9/11, eventually rising to the rank of chief master sergeant.

"It was great Americans doing great things during a very troubled time in Iraq," he says.

Before he retired in 2011, Jesse began having symptoms of colon cancer, but because he didn't fit the right profile he never had a colonoscopy. He received an initial diagnosis of internal hemorrhoids.

"I was told that I'd eventually have to treat them, and with that diagnosis, I was discharged from the military," Jesse says. "From there, things just continued to get worse."

REFERRED TO METHODIST

Shortly after returning home to Greenville, he was diagnosed with a tumor in his colon that, to his surprise, was the size of a baseball.

After undergoing surgery and chemotherapy in Greenville, a later scan revealed that the cancer had spread to his liver. Metastatic colon cancer is a serious condition where cancer starts in the colon and then spreads to other parts of the body.



At this critical point, Jesse's oncologist in Greenville referred him to the care of Dr. Jeyarajah.

"I was put in Dr. Jeyarajah's hands for a reason," Jesse says.

REMOVING MOST OF LIVER

Jesse's tumor was on the right side of his liver, and removing it would have left too little of the liver intact on the left side, Dr. Jeyarajah says.

During an initial surgery at Methodist Richardson, a vein on the right side of Jesse's liver was clamped off, which encouraged the healthier left side to grow. After that, Dr. Jeyarajah safely removed the right side of the liver in August 2013.

"That's where he removed about 75% of my liver," Jesse says. "The great thing about the liver is it's one of the only organs that will grow back."

To Jesse's relief, he would not undergo chemotherapy after this surgery. His successful outcome meant a lot to his medical team.

"Not only did we get a long-term solution, but we've also had excellent quality of life," Dr. Jeyarajah says. "I feel remarkably grateful for being allowed to be part of his case."

CREDIT TO WIFE AND HIGHER POWER

Jesse's surgeon wasn't the only person who helped him overcome cancer. Along with the team at Methodist Richardson, his wife, Janis, was there every step of the way.

"Janis had to do some extraordinary things," Jesse says. "I've told people that there's no way I would be this way or alive without her."

Janis admits it's been a scary experience after the initial shock of her husband's diagnosis.

"But it was amazing, too, because of Jesse's strength," she adds. "We had a lot of support from high up, and knew we were always being watched and taken care of."

Jesse returned to work just six weeks after his surgery. Now cancer-free for 11 years, Jesse chooses to embrace life fully rather than dwelling on what might come next.

"From a health perspective, I don't fear cancer anymore. It's kind of different, not thinking about it constantly."

Jesse's positive attitude has been instrumental in his journey, and Janis believes his case can serve as a beacon of hope and resilience.

"Maybe it gives other people encouragement," Janis says. "He was always persevering through it, and he's an example of how things can work if you set your mind to it."



Jesse says his wife, Janis, did some "extraordinary things" during his recovery.

> "I DON'T FEAR CANCER ANYMORE."
> — JESSE PAUL

Watch Jesse Paul recount his battle with cancer.

HOW LOSING WEIGHT AS WE AGE CAN BE UNHEALTHY

If the pounds you shed are muscle, you may be more vulnerable to injury and more prone to falls



For many of us, weight gain becomes the overriding obsession of middle age, but it's the weight you lose in your 40s and 50s and beyond that may jeopardize your health the most.

Many adults will lose muscle every decade after 30 if they don't remain active enough. It's a condition common enough to have a name — sarcopenia — but you may know it better as a familiar colloquialism.

"If you don't use it, you lose it," says **Mariah Burnell, DO**, family medicine physician on the medical staff at Methodist Southlake Medical Center. "Starting around age 30, we all start to lose about 3% to 5% of our muscle mass every decade of our life."

That loss of muscle, which can worsen after 60, represents a key contributor to disability in older adults, who become more prone to falls and more vulnerable to injury as they age.

FOCUS ON PROTEIN

First, remember to always consult your primary care doctor before starting a new diet or exercise program. With that in mind, eating a diet full of protein is important at any age, but it gets even more critical for older adults.

"As we age, protein should be the main focus with your macronutrients," Dr. Burnell says. "Set a protein goal of 100 to 200 grams a day."

If you eat protein with each meal or snack, most people can meet that goal handily. Two eggs add up to about 10 grams of protein, a serving of Greek yogurt comes to 15 grams, and a chicken breast or a can of tuna is around 25 grams.

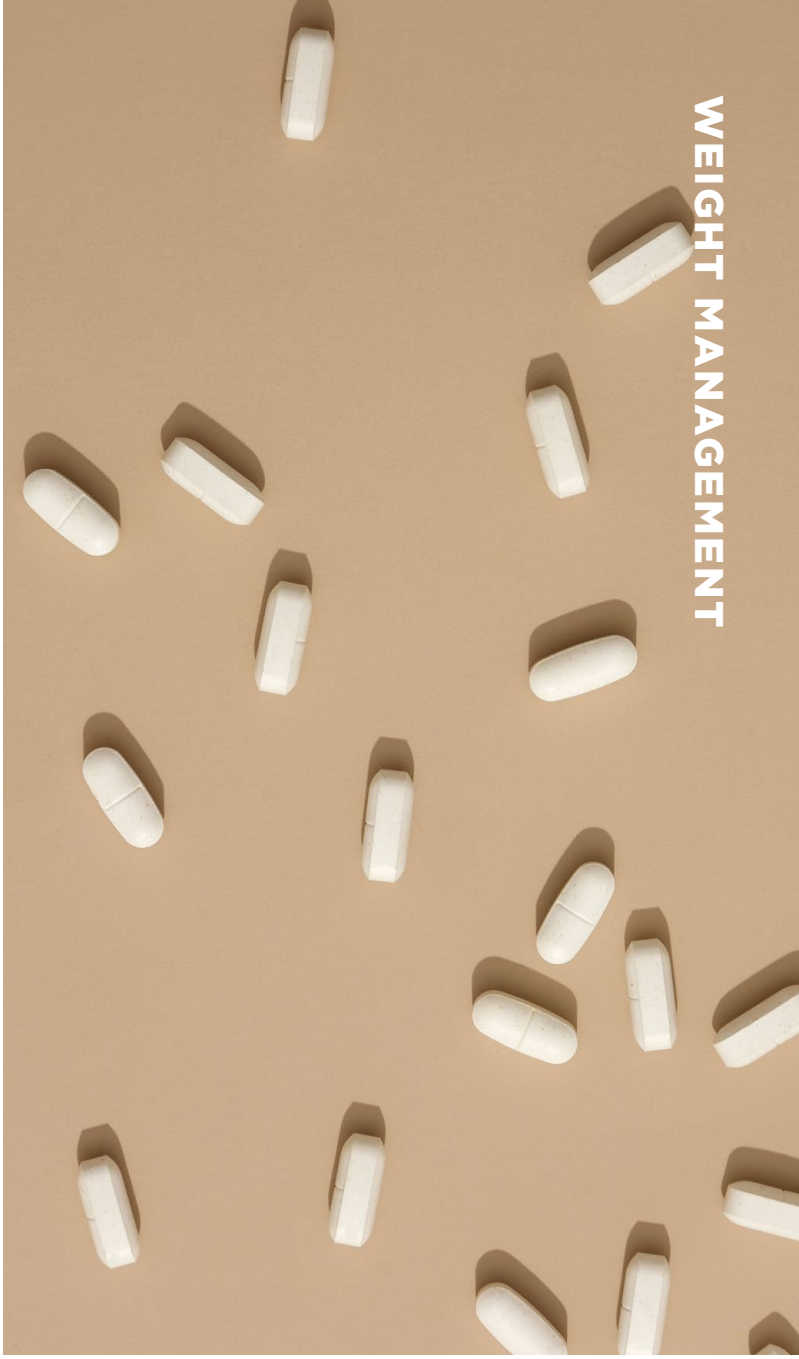
"Focus on whole foods rather than processed foods," Dr. Burnell says. "Think about shopping the perimeter of the grocery store, then eat in this order: veggies low in starch, followed by protein and fat, and save carbohydrates for last."

For patients who need more guidance, Dr. Burnell recommends the DASH diet, developed to help reverse high blood pressure, or the Mediterranean diet, which emphasizes plant-based food and healthy fats.

STAYING ACTIVE

Maintaining muscle also requires exercise, of course: preferably a mix of cardio like walking or swimming and weight training.

"Physical activity is another piece of the puzzle," Dr. Burnell says. "We recommend 150 minutes a week, and that can be split up however you want."



Start with lower-intensity exercises, like stretching or chair calisthenics, to improve stability and balance. Then, you could graduate to a yoga class, walking on a treadmill a few times a week, or even push-ups. Listen to your body when starting to exercise, and consult a doctor who knows you and your limitations.

LOSING WEIGHT AS WE AGE

It's one thing to keep muscle mass and maintain a healthy weight, but it can be much more difficult to lose weight as we age. There are several reasons why that's the case:

- **Slowing metabolism:** As we age, we become less active and lose muscle mass, as noted above. That changes how efficiently our bodies absorb and process nutrients.
- **Hormonal changes:** Estrogen drops significantly for women entering menopause, and that in turn causes weight gain, especially around the midsection. Men suffer a more gradual decline in testosterone around age 40, making their bodies less efficient at burning calories.
- **Work and life:** By middle age, many people are at their busiest with careers and family life. That leaves less time for hitting the gym and possibly a shorter attention span for eating right.

It all adds up to a snowball effect of losing muscle and gaining fat, which combine to slam the brakes on metabolism. That explains why so many people are turning to medications to lose weight.

"It's what everybody wants to talk about," Dr. Burnell says. "You've been trying everything. You're doing the diet stuff, you're doing the exercise, and you're just having a heck of a time trying to lose weight."

PILLS VS. INJECTABLES

The older options are typically medications that quiet "food noise," the cravings that lead so many people to gain weight. These pills include antidepressants like bupropion, diabetes drugs like metformin, and appetite suppressants like phentermine.

"Phentermine is not a good option for patients who have a lot of heart issues," Dr. Burnell says, "so I don't like to prescribe it for my older patients. Plus, it's only approved to be used for three months, after which it's off-label, and insurers don't like that."

Relatively new options like semaglutide are giving appetite suppressants a run for their money. These drugs slow down the digestive process, specifically delaying how quickly the stomach empties.

"They kind of force you to eat less because you're full," Dr. Burnell says. "It's like built-in appetite suppression."

But the potential problem with those injectable medications is they're so new that there's limited data on what happens when patients stop taking them.

"The jury is still out," Dr. Burnell says. "But we're starting to see patients gain their weight back as soon as they stop taking the medications."

That's why staying active and eating a healthy diet remain the best options for losing the fat we don't want and keeping the muscle we do — because losing weight may be the single best way to ward off other health problems as we age.

"Studies have shown that losing 7% of body weight can significantly improve blood pressure, blood sugar control, and cholesterol," Dr. Burnell says. "That all contributed to a lower risk of diabetes, heart attack, and stroke."

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



FAMILY OF TINY PREEMIE *feels the NICU love*

Born at 25 weeks, baby Rhea spent over 100 days in the neonatal intensive care unit at Methodist Mansfield

Tiya Thompson had barely finished her second trimester when her daughter was born three months ahead of schedule at Methodist Mansfield Medical Center.

"She immediately tried to breathe on her own," Tiya says of her preemie, Rhea, who weighed just 1 pound 11 ounces. "She's always been a fighter."

Born in November 2023, Rhea would need 109 days of round-the-clock care in the level III NICU, where her every breath and heartbeat were monitored by a staff well-versed in treating tiny patients just like her.

Now home in her pink and green nursery, Rhea's development has just about caught up to that of infants born around her due date in March. For that, Tiya credits the NICU nurses and physicians like **Bhavisha Bhakta Nunez, DO**, OB-GYN on the medical staff at Methodist Mansfield.

"I love them. Every baby I give birth to will have to be through Methodist Mansfield," Tiya says. "Not any other place."

DELIVERY AT 25 WEEKS

The day Rhea Jaylani Thompson decided to enter the world, her parents hadn't set up her nursery yet, and her mom was just becoming a little uncomfortable with her growing belly.

The pregnancy had been normal until the week of Thanksgiving, when severe abdominal pain brought Tiya to the emergency department.

But Rhea Jaylani — whose first name means "victory" and middle name "gift from God" — came anyway. And the labor and delivery team at Methodist Mansfield was ready.

"Delivery at 25 weeks happens in less than 1% of pregnancies," says Dr. Bhakta, who has been Tiya's OB-GYN for several years. "Thankfully, we have the resources at Methodist Mansfield, as well as a collaborative team structure, to care for very young infants like Rhea."

And while Rhea's organs were not fully developed, Tiya was already dilated 4 centimeters. The baby was going to be born.

ALL QUESTIONS ANSWERED

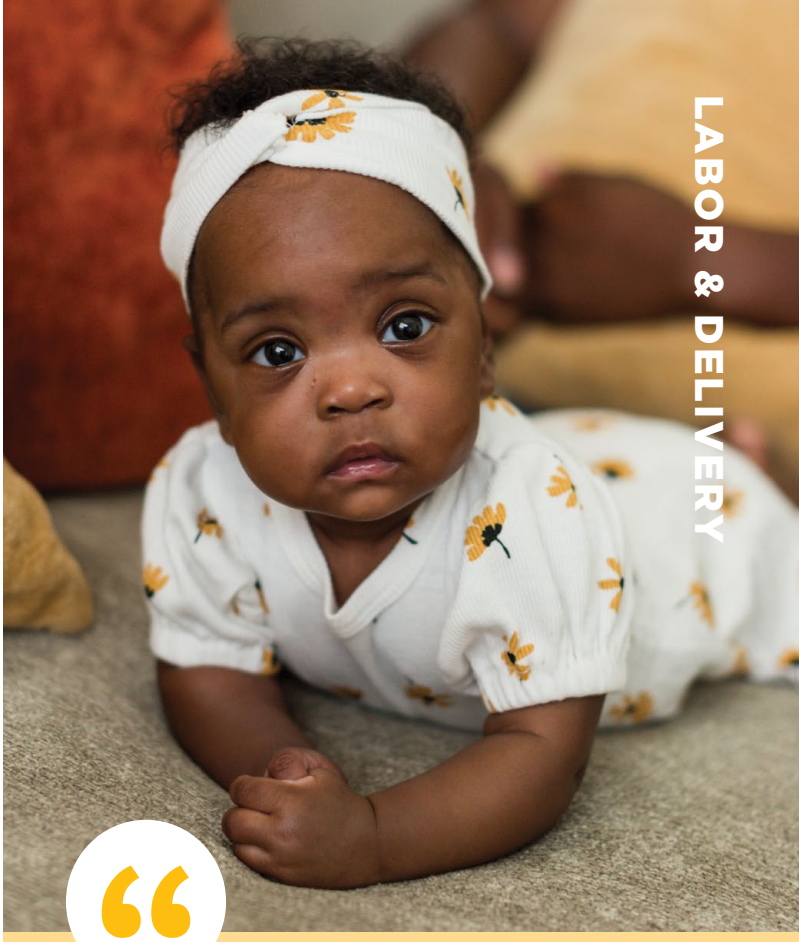
The premature birth was terrifying for Tiya and her husband, Sharif, who had many questions for the staff.

During their first visit with the hospital's NICU neonatologist, he told them about the precarious path their baby girl had in front of her. The couple appreciated his unvarnished honesty, and the staff's willingness to hear out all their "Google questions."

"That really helped my nerves," Tiya says. "They never acted like I was asking dumb questions."

Days after Rhea's birth, Tiya went home and, a few weeks later, back to her job as a high school basketball coach. After work, she'd head for the NICU, where she sometimes stayed past midnight, getting to know the nurses and medical staff quite well.

"They were there when I was crying, when I was happy, when I was sad," she says. "We weren't strangers."



> THEY WERE THERE WHEN I WAS CRYING, WHEN I WAS HAPPY, WHEN I WAS SAD. **WE WEREN'T STRANGERS.**
>
> — TIYA THOMPSON

FEELING OF FAMILY

Embracing patients with compassionate, quality healthcare is all in a day's work at Methodist Mansfield, Dr. Bhakta says.

"We care for our patients and we care for each other," she says. "The family had support from the staff and from each other, and they got to take their beautiful baby girl home."

It's a feeling of family that baby Rhea's father, Sharif, has known for years, starting with his days as a high school athlete.

"When I was in high school and got concussions playing sports, this is where I'd come," he says. "They welcomed us then with open arms — just as they did Rhea."

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



3 TIPS FOR NEW MOMS *to get some sleep*

Quality sleep is just as important for moms as it is for their babies, so our doctors have some suggestions to get some shut-eye

For new mothers, a good night's sleep can seem like a luxury they can't afford when a hungry baby is the top priority.

But finding moments for rejuvenation is crucial — for the baby's sake as much as your own — and first-time parents should avoid neglecting their own well-being while navigating the challenges of a newborn or toddler.

"There are a lot of advantages to sleeping better," says **Neha Gandhi, MD**, neurologist on the medical staff at Methodist Dallas Medical Center. "It's a foundation of your health, so when we give it priority, we will get better rest."

Here are some tips — shared at an annual Mom Camp forum sponsored by Methodist Dallas — to help moms (and dads) reclaim some much-needed rest and prevent fatigue from becoming their new normal.

1. PRIORITIZE YOURSELF

Caring for a newborn demands considerable time and attention, so it's important for new moms to establish a sleep routine that meets their individual needs.

"Bedtime is not just for kids; it's for adults, too," says **Ashley Chapel, MD, MPH**, internal medicine physician on the medical staff at Methodist Dallas. "We did all the things that we needed to do. Now we need to focus on ourselves and our sleep."

Newborns generally sleep 16 hours or more a day, but that shut-eye comes in short cycles that can last as little as 20 minutes. New mothers often overlook their own sleep schedules entirely, instead making their babies as comfortable as possible during those short bursts of sleep.



It can take **up to six years for new parents to fully recuperate** from sleep deprivation after the birth of their first child, according to research published in the journal *Sleep*.

"We're putting our kids to sleep with perfect sleep hygiene, and then we get into our bed and get a movie going," says **Brett Stanley**, director of wellness at Methodist Health System.

Dr. Chapel recommends ditching the screen time and implementing a few simple acts at the end of each day that are just for you. Even though it might not seem to fit into your busy schedule, remember that your rest matters as much as your baby's.

2. CREATE A ROUTINE

Start the process of prioritizing your rest with small steps, such as setting an alarm for when it's time to go to bed.

"We all have a wake-up alarm. We need to set a bedtime alarm to go to sleep at the same time every day," Dr. Gandhi says. "Everybody needs between seven to nine hours of sleep, but it's also important to be consistent about when you go to sleep."

If you're still wired when it's time for bed, there are some tried-and-true ways to wind down, including meditation, practicing mindfulness, and yoga, which is good for both waking up and going to sleep.

Another technique to reduce stress and promote relaxation is "box breathing," or 4-4-6 breathing: inhaling deeply for four seconds, holding for four seconds, and exhaling for six seconds. This is often referred to as our "rest-and-digest" response to activate the body's restorative parasympathetic system.

Another great option for adults is to indulge in a sleep story. Just like bedtime stories for kids, some apps tell calming tales that help take your mind off noises or worries, making it easier to drift off.

3. PRACTICE SLEEP HYGIENE

If you find yourself mindlessly scrolling on your phone, doctors suggest an easy solution to shut your brain off to break the cycle of bedtime procrastination.

"Try to do something very boring. No TV, no fun," Dr. Gandhi says. "Once you start scrolling through the phone, you're done."

Instead of scrolling social media in bed, pick up a physical book and dim the lights. This quick change to your nightly routine helps facilitate good sleep hygiene.

For new moms, sleep hygiene encompasses both environment and habits. You can improve sleep hygiene by sticking to a regular bedtime, creating a cozy atmosphere, and avoiding eating too much before bed.

"There may be something that you eat where you notice that every time you have this specific food for dinner, you're waking up earlier or not able to sleep as well," says Dr. Chapel, who advises against eating large meals too close to bedtime.

Both doctors agree that the mental aspect of getting sleep is just as important as the physical.

"For me, it's the 50 billion things going on in my brain that keep me awake," Dr. Chapel says. "So do whatever works for you to remove that anxiety and promote a calming, relaxing environment."

Remember, as you navigate this incredible journey of motherhood, taking care of yourself is just as important as caring for your little one.

Learn how to break the cycle of bedtime procrastination and other sleep hacks at ShineOnlineHealth.com.

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U.S. Department of Health and Human Services
200 Independence Ave., SW
Room 509F, HHH Building
Washington, DC 20201
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ພາສາລາວ (Lao)
ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ ທ່ານ. ໂທ

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CRASH SURVIVOR COLLEGE-BOUND **AFTER 'WORST NIGHTMARE'**

This 20-year-old is fully recovered three years after a car crash shattered her pelvis, and broke an arm, both legs, and her neck



Maddie had to be airlifted from the crash scene near her Waxahachie home.

Three years after a devastating car crash, Maddie Mansell is celebrating her first week of college in Dallas, a major milestone in her remarkable recovery.

That healing process began at Methodist Dallas Medical Center with multiple surgeries to repair spinal fractures, a shattered pelvis, and a broken arm, legs, and ribs — all performed by a team led by **Edgar Araiza, MD**, orthopedic surgeon on the medical staff at Methodist Dallas.

"The crash inspired me to want to help people," says Maddie, who's pursuing a degree in communications and wants to share her story with other teens. "I'm really excited."

For Maddie's mother, watching her only child's transformation from that awful day in August 2021 has been nothing short of extraordinary.

"She is my world," says Nicole Mansell, who witnessed the immediate aftermath of the crash. "That day, I walked into my worst nightmare."

'INTO A WAR ZONE'

In the summer of 2021, Maddie and her friends were on their way home from back-to-school shopping when disaster struck.

The driver lost control and crashed just six houses away from Maddie's home in Waxahachie, where Maddie's mother was waiting for them to arrive.

As 30 minutes passed with no sign of the girls, Nicole's initial calm turned to worry. She checked Maddie's location on her phone and saw that it was barely a block away — and hadn't moved in 15 minutes.

"I jumped in my car and drove around the corner," Nicole says. "It was like driving into a war zone."

Nicole's heart sank as she saw a group of first responders tending to the car Maddie and her friends had been driving.





Maddie's mom, Nicole (left), and her best friend, Bella, were by her side throughout her recovery.

> “I’M VERY GRATEFUL GOD GAVE ME A SURGEON WHO WAS GOING TO TAKE HIS TIME ON ME. GOD’S NOT DONE WITH ME YET.”
>
> —MADDIE MANSELL

“I kept peeking around trying to see her, and I realized that the driver had passed away,” Nicole says. “I finally got a glimpse of Maddie, and I just kept telling her, ‘Mommy’s here.’”

HOURS OF SURGERY

Doctors quickly determined that the crash had shattered Maddie’s pelvis and both femurs, broken an arm and several ribs, damaged vertebrae in her spine, and fractured the base of her neck, says Dr. Araiza, who was on call that day.

“You have to be ready for anything,” Dr. Araiza says, explaining how unpredictable traumatic injuries can be for even the healthiest of patients. “Even though she is young, she’s undergone a tremendous amount of trauma.”

Before Maddie went into surgery, Nicole looked at Dr. Araiza and said, “I’m giving you the best I have to offer. She’s it — my only child. This is the best thing in my life.”

Six hours later, Dr. Araiza delivered the good news — Maddie’s surgeries were a success: rods were placed in both legs, and screws in her pelvis. She would spend 13 days at Methodist Dallas and needed six weeks of rehabilitation to walk again.

Now, after three years of follow-up care, she had her final appointment with Dr. Araiza in July, when the final screws were removed from her hips.

“It’s beautiful when I get to see patients going from the worst day of their life to one of the best ones,” Dr. Araiza says. “There are so many chapters left to be written for her.”

OFF TO COLLEGE

Turning the chapter on the crash, Maddie is embracing what’s next by beginning classes at UNT Dallas and pursuing a degree in communications.

“UNT Dallas is just perfect for me,” she says.

Her mom feels immense pride seeing Maddie live a life that seemed uncertain back in 2021.

“I would do anything for her to be successful and to feel loved,” Nicole says. “I just pray that she has the most beautiful, lovely life.”

Maddie plans to do just that with a deep appreciation for the support she’s received and how far she’s come.

“I’m very grateful God gave me a surgeon who was going to take his time on me,” Maddie says. “God’s not done with me yet.”

Watch Maddie and her mother talk about the crash that changed their lives at ShineOnlineHealth.com.



Maddie and her mom credit Dr. Araiza and his team at Methodist Dallas for returning her to health.

WITH LIVER TUMOR GONE, MOTHER OF TWO FEELS *'like a new person'*



Thinking she had kidney stones, this Garland mother learned she needed minimally invasive surgery to remove a tumor — and a third of her liver

When a suspected case of kidney stones revealed a tumor on Amanda Hopkins' liver, she chose a minimally invasive solution at Methodist Richardson Medical Center over the "wait and see" approach.

After all, it was the second time in five years that a CT scan revealed a benign growth for the 37-year-old mother of two from Garland. And once again, exhaustion and gastrointestinal problems were making her life miserable late last year.

"I never expected to hear 'we found something' for the second time," says Amanda, who at age 32 had surgery to remove an ovarian cyst, discovered during surgery to correct a bad case of kidney stones.

Initially advised to watch and wait, Amanda sought a second opinion from Methodist Richardson. And she's glad she did.

"I loved my care at Methodist Richardson," she says. "I feel like a new person."

TUMOR AS BIG AS AN APPLE

Years ago, Amanda had a painful case of kidney stones that required doctors to place a stent to help them pass.

During that procedure, her surgeon found an ovarian cyst. The surgery to remove it led to the discovery and treatment of stage 4 endometriosis, a painful condition in which tissue similar to the lining of the uterus grows outside of that organ.

Five years later, Amanda felt a sense of déjà vu after learning she had a tumor the size of an apple on her liver, what's known as a hepatocellular adenoma — generally benign tumors that form on that organ.



Amanda leaned on her family for her recovery.

"My primary care physician wanted to take the standard 'wait and see' approach," she says. "This meant I would have another MRI in six months to see if the tumors had grown before making a decision on whether or not they needed to be removed."

Given her medical history, Amanda wasn't comfortable with waiting.

NO NEED TO WAIT AND SEE

Amanda immediately knew she was in the right hands after one appointment with **Joseph Buell, MD**, general surgeon specializing in hepatobiliary and oncologic surgeries on the medical staff at Methodist Richardson.

At Dr. Buell's recommendation, Amanda agreed to have the tumor removed. While the growth was benign, liver adenomas like hers have a significant risk for complications, including bleeding, rupture, and even the development of long-term cancer, Dr. Buell says.

"Decades ago, removing part of the liver wasn't nearly as safe as it is today. That is how the 'wait and see' approach to liver adenomas became the standard," Dr. Buell explains. "These days, liver resection is safe and can be done with minimally invasive technology."

MINIMALLY INVASIVE SURGERY

On Dec. 18, 2023, Amanda had the tumor and about a third of her liver removed by Dr. Buell and his partner **Houssam Osman, MD**, hepatobiliary surgeon on the medical staff at Methodist Richardson.

Performed laparoscopically, this minimally invasive approach meant a shorter hospital stay for Amanda, as well as a less painful recovery and a lower likelihood of complications.

"Her surgery was a success in more than one way," Dr. Buell says. "Not only did we cure her of risky adenomas that were bigger than we thought, but we also discovered early stages of fatty liver disease, which, if left undetected, can lead to serious liver complications."

Amanda again turned her life around. She changed her diet and is losing weight to protect her health.

"I didn't realize how bad I had been feeling for the last few years," she says. "My bloodwork is great, my symptoms are gone, and I finally have the energy to keep up with my kids and live my life."

> "DECADES AGO, REMOVING PART OF THE LIVER WASN'T NEARLY AS SAFE AS IT IS TODAY. **THESE DAYS, LIVER RESECTION IS SAFE AND CAN BE DONE WITH MINIMALLY INVASIVE TECHNOLOGY.**
>
> — DR. JOSEPH BUELL

Years of GERD may raise the risk of cancer. Learn more at ShineOnlineHealth.com.

BREAST CANCER *won't worry* THIS MOM AGAIN



After years of biopsies and false alarms, a physical therapist chooses a double mastectomy to preserve her health on her own terms

It wasn't a decision that Christina Agee took lightly, but after years of being at high risk for cancer, countless screenings, and numerous biopsies, she chose to part ways with her breasts earlier this year.

The 41-year-old physical therapist would become the first patient at Methodist Charlton Medical Center for **Danielle Jacobbe, DO, FACOS**, breast surgical oncologist who recently joined the medical staff at the hospital.

"I knew Dr. Jacobbe and her team were exactly who I needed as I began this journey," Christina says. "She has years of experience, and she's incredibly knowledgeable and a passionate advocate for her patients."

Over the course of a year, Dr. Jacobbe performed two biopsies and put Christina on a high-risk screening schedule. Last year, her risks increased dramatically with the discovery of a condition called lobular carcinoma in situ (LCIS).

"With the finding of LCIS, my breast doctor encouraged me to consider all available treatment plans," says Christina. "That was when I decided a double mastectomy with reconstruction was the best option for me to preserve my health in the way I wanted to."

CANCER RISKS EARLY ON

Christina's breast health journey began early. She was 25 when she found her first lump, leading to a mammogram and biopsy. Thankfully, the lump was benign.

For the next decade, Christina's breast health remained stable. Then in her mid-30s, scans revealed some areas of concern. But like so many other women, she found it difficult to maintain her breast care routine during the COVID-19 pandemic.

After the pandemic subsided, Christina got back to her regular breast screenings.

"I was always aware of the high likelihood that I would face a health challenge with my breasts," she says, "so I wasn't exactly surprised when those scans revealed some suspicious spots."

SPECIALTY BREAST CARE

In November 2022, Christina was referred to Dr. Jacobbe and made an appointment right away. That's when she was placed on a high-risk screening schedule.

Christina would now have yearly mammograms and MRIs six months apart. According to Dr. Jacobbe, this aggressive schedule was key in the discovery of her LCIS, making it so critical for high-risk women like Christina.

LCIS is a lesion that can grow within the milk-producing lobules of the breast. Sometimes found during a biopsy, LCIS raises the risk of developing breast cancer anywhere from 7 to 11 times.

"LCIS is not cancer, but it is a risk factor for developing invasive breast cancer in the future," Dr. Jacobbe says. "This development was the tipping point for Christina to start exploring all her options."

LEARNING HER OPTIONS

Among those alternatives was to continue the high-risk screening schedule but add in hormone therapy medication that would help reduce her risk of breast cancer.



Christina with her husband, Dennis

Learn About LCIS

Lobular carcinoma in situ (LCIS) is a change in the cells that grow in the milk-producing glands, called lobules. LCIS is not cancer, but it increases breast cancer risk. Strategies for managing LCIS include:

- Lifestyle changes to lower risk of developing cancer
- Medications that reduce breast cancer risk
- More frequent breast exams, including MRI scans
- Surgery to remove the LCIS
- Prophylactic (preventive) surgery to remove the breasts

"Christina had concerns about the possible side effects of the medication," Dr. Jacobbe says. "We talked through both options at length, and I encouraged her to make the decision that was best for her."

She could also have a double mastectomy, surgery to remove both breasts. With this option, specialists like Dr. Jacobbe employ what's known as an oncoplastic approach that combines removal of the tissue with reconstructive plastic surgery.

"I chose to have a double mastectomy, which would reduce my risk of breast cancer developing by 99%," Christina says.

PEACE OF MIND, AT LAST

Tired of the constant worries about her risk factors, Christina made her decision with confidence and plenty of support from Dr. Jacobbe and her team. That choice was only affirmed shortly afterward.

"Just after my LCIS was found," Christina says, "I learned that my mother was diagnosed with invasive breast cancer."

In January 2024, Christina had surgery to remove both breasts, along with a DIEP flap reconstruction, a procedure that moves tissue from the abdomen to restore the shape of the breast.

With her surgery and everything that came before behind her, Christina finally has the peace of mind she wanted for her and her family.

"I am grateful this path was a choice," she says. "Many women facing breast cancer don't have the opportunity to choose."

Watch Dr. Jacobbe explain breast cancer basics and why screening is so critical on ShineOnlineHealth.com.

"I KNEW DR. JACOBBE AND HER TEAM **WERE EXACTLY WHO I NEEDED AS I BEGAN THIS JOURNEY.** SHE HAS YEARS OF EXPERIENCE, AND SHE'S INCREDIBLY KNOWLEDGEABLE AND A PASSIONATE ADVOCATE FOR HER PATIENTS."

— CHRISTINA AGEE

Transplant for Mrs. Claus is Santa's EARLY CHRISTMAS GIFT



Lisa and Thomas McDonald, also known as Santa Thomas, showed their gratitude by spreading cheer at Methodist Dallas

A North Texas Santa put the entire staff at Methodist Dallas Medical Center on the "nice list" to thank them for saving his wife's life with a liver transplant.

"I can never repay what you all have given me," says Thomas McDonald, known affectionately during the holidays as Santa Thomas back home in the Sherman area.

Lisa McDonald, who sometimes plays Mrs. Claus to her husband's St. Nick, credits the Methodist Dallas staff for putting her on the path to recovery this spring after her transformative transplant.

"I'm just thankful to be alive," Lisa says. "Other than God, I owe my life to all their care."

In a heartwarming gesture on July 12, the McDonalds returned to Methodist Dallas for a special Christmas in July event to express their gratitude. Thomas, dressed in his red hat, suspenders, and festive Christmas shorts, posed for photos while the hospital treated staff to warm cookies and live Christmas music performed by a string quartet.

"Hosting Christmas in July is but a tiny token of my love for all that Methodist has given me," Thomas says.

> "I'M JUST THANKFUL TO BE ALIVE. OTHER THAN GOD, **I OWE MY LIFE TO ALL THEIR CARE."**
>
> — LISA MCDONALD



STAGE 4 LIVER FAILURE

Lisa had bravely faced stage four liver disease before her April 2024 surgery, performed by **Vichin Puri, MD**, director of surgical oncology at Methodist Dallas.

"The liver could not maintain its function, so I was able to perform the transplant for her failing liver," Dr. Puri says. "We're really pleased with her overall progress."

Dr. Puri commends Thomas not just for his seasonal cheer but for his unwavering support for Lisa throughout her health journey.

"They make a great team. He was always very supportive of his wife," Dr. Puri shares. "She's done well because he's at her side."

MET IN GRADE SCHOOL

Thomas and Lisa's love story spans five decades, originating from a playful encounter in eighth-grade art class that blossomed into a lifelong partnership. Reflecting on their journey, Thomas fondly recalled the magic words that stole his heart.

"When I was turning in my artwork, she said, 'You traced that.' That's when I turned and looked at her, and that was it."

Little did Lisa know it, but her playful critique marked the beginning of a love story that surpassed all expectations.

"I thought, well, he's cute and everything, but I just don't think he's my type," she recalls.

It turns out he was very much her type: In March, the couple will celebrate their 50th wedding anniversary, a milestone supported by the dedicated care of the team at Methodist Dallas.

"Everyone, from the surgeons all the way to the housekeepers, is a vital part of our family," Thomas says. "I'm so thankful for everything everybody did for her."



CHRISTMAS IN JULY

For more than a decade, Thomas has brought Santa to life around Texoma, with Lisa joining him as Mrs. Claus.

"That's his professional job, especially around Christmastime, but I think he carries that Santa-esque demeanor throughout the year," Dr. Puri says. "It's always festive around him."

During Lisa's recuperation, Thomas brought joy to hospital corridors dressed in full Santa attire, spreading Christmas spirit with his beard and golfing attire.

He now hopes to continue spreading holiday cheer year-round. Whether embodying Santa's spirit or simply showing kindness, he aims to bring happiness to others while cherishing the extra moments he gets to share with Lisa by his side.

"She's my best friend," he says.

Watch the McDonalds show their gratitude to the staff at Methodist Dallas.

NEW HIPS HELP RETIREE **GET BACK TO HEALING** *with horses*

Ranch owner credits the team at Methodist Midlothian Medical Center for restoring his quality of life so he can help others in need



Retired healthcare executive Stan Seremet earned a new nickname after having both hips replaced this year at Methodist Midlothian Medical Center.

"My friends and family call me Bionic Stan instead of the Bionic Man," he says. "It's wonderful that there are spare parts these days for this old classic."

For two decades, Stan has run Paws for Reflection Ranch, a 15-acre animal therapy and counseling facility that he founded with his late wife, Melode, whose God-inspired dream became a reality in 2007.

Now, thanks to the "wonderful team" at Methodist Midlothian, Stan says, he can get back to lending a hand in healing 2,000 people of all ages who come to the ranch each year for emotional, psychological, and spiritual support.

"I've gotten my life back," he says. "It's just huge."

BONE-ON-BONE ARTHRITIS

Before his hip replacements, Stan had three spinal surgeries, followed by a lifesaving procedure to remove several blood clots that traveled through his heart and into his lungs.

"One pulmonary embolism can kill you," Stan says. "I had 70 to 80 blood clots in my lower extremities, and about 20 of those got into my lungs."

Having put his back pain and those blood clots behind him, Stan was still suffering with severe osteoarthritis in both hips. That prevented him from helping maintain his beloved ranch, including caring for his horses and 30 other therapy animals.

"There's a lot to do with 15 acres and seven buildings," he says. "We had to hire a maintenance person because I wasn't able to do anything physical. I could barely get in and out of my vehicle."

That pain led him to Methodist Midlothian and **Edward Mairura, MD**, orthopedic surgeon on the hospital's medical staff, who quickly determined that Stan would need two new hips.

"He was using a walker when I met him, and his preoperative X-rays showed severe bone-on-bone osteoarthritis," Dr. Mairura says. "So he's the kind of guy whose upside is really high to improve his quality of life with a new joint."

Stan was eager to get the process started, and his first hip surgery was scheduled for January 2024.



2 NEW HIPS IN 3 MONTHS

Stan's surgeon would take a minimally invasive approach with both of his hip surgeries, replacing the joint from the front, an anterior approach in physicians' terms.

"That allows us to spare the muscles by accessing the joint through an interval between the hip muscles," Dr. Mairura says. "It's a faster recovery with less postoperative pain."

A day after his right hip was replaced with a new ceramic-coated ball and metal socket, Stan was on his feet walking the halls of Methodist Midlothian.

"I couldn't believe it; you're up the next day," Stan says. "Of course, you've got to do the physical therapy, but after a few weeks, I was stronger than I was before all this stuff started. Then I asked Dr. Mairura, 'How soon can we do the left hip?'"

The answer was March, just eight weeks after the first surgery. Once again, Dr. Mairura put a novel technique to use: an advanced imaging tool known as a C-arm that gives surgeons a radiographic view of the joint.

"It's a portable machine that allows me to fine-tune the accuracy of placing the prosthetic hip to ensure both legs are of equal length and components are accurately placed," Dr. Mairura says. "Combining the anterior approach and the use of advanced tools like the C-arm adds up to a better outcome and faster recovery time for our patients."

COMPASSIONATE CARE

Stan admits that watching his health deteriorate in his 60s was a trial that tested his faith that he would ever recover fully.

"As a healthcare executive for 40 years, patience was not my best virtue," he says. "But as a Christian, I know God has lessons for us if we're willing to listen."

Stan heard that good news loud and clear from the team at Methodist Midlothian.

"It was just tender, loving, compassionate care," he says, "and my entire experience was wonderful."

Now that he's recovered, Stan is back on his ranch, where he can return to the business of healing children, veterans, and first responders "mind, body, and spirit."

"It's been two years of just amazing results," he says. "I've been restored."

Watch Stan show off his ranch and share how new hips revived his ability to heal others through horse therapy.

> "IT WAS JUST TENDER, LOVING, COMPASSIONATE CARE. **MY ENTIRE EXPERIENCE WAS WONDERFUL."**
>
> — STAN SEREMET



LONG ROAD LEADS TO REFLUX RELIEF

Active grandmother travels 100 miles to repair hiatal hernia, marking 10,000th robotic surgery at Methodist Mansfield

Decades of heartburn inspired Pamela Conn to travel over 100 miles have her hiatal hernia repaired at Methodist Mansfield Medical Center, which celebrated a major milestone in the process.

Pamela cast a wide net, looking into 33 specialists before going with her gut and picking a hospital three counties away from her home in rural Olney.

"I did my own research, and I did a lot of it," says Pamela, a 56-year-old who's pursuing a career in healthcare herself. "I drove two hours to come to Methodist Mansfield."

The procedure marked the 10,000th robotic surgery at Methodist Mansfield, 40% of them performed by the surgeon Pamela chose.

"Over a decade ago, I started doing robotic surgery," says **Jeremy Parcells, MD**, general surgeon on the medical staff at Methodist Mansfield. "It's special getting to be the one who actually hits that 10,000 mark."

YEARS OF PAIN

Before surgery, Pamela had endured persistent acid reflux and heartburn from the hernia, a condition where the stomach pushes through the diaphragm muscle and into the chest.

"It started many years ago," she says. "Even as a young adult, I had symptoms."

Hiatal hernias are common, especially among older adults, affecting 15% to 20% of the population. Most cause no symptoms, and medications can manage the most common symptom: acid reflux.

That was not the case anymore for Pamela, whose hernia had begun to interfere with even the simplest activities.

"I've experienced times where I take one bite of my dinner and I'm in immediate pain," she says.

Finding relief was crucial for Pamela, who leads an active lifestyle, whether she's working as a house cleaner, studying to become a nurse, or spending time outdoors with her four grandchildren.

"I'm always on the go," she says. "Whether it's gardening, camping out in the RV, nature walks, or spending time with my grandkids — I stay busy."

It was when Pamela found herself suffering from constant chest pain and shortness of breath that she knew it was time to act.

WORTH THE WAIT

In August, Pamela made the drive from Young County to Methodist Mansfield for her robotic-assisted surgery. While anxious, she was hopeful she would put the pain behind her for good.

"I'm no expert, but I feel like the machine and surgeon together are going to see me better and perform the surgery better," Pamela says.

A form of minimally invasive laparoscopic surgery, the robotic surgical system gives surgeons a 3D perspective, and the instruments grant them precision that exceeds traditional laparoscopic surgery, Dr. Parcells says. That often allows for a quicker recovery and less pain for patients.

"It allows much better dexterity to take on more challenging tasks," he says, "or simply to do the same work you were doing before but better or more precisely."

This precision was crucial for Pamela, whose hernia was nearly as wide as her stomach. With the help of her surgical team and the machine, the surgery went as planned.

"Being on the robot was such an advantage," Dr. Parcells says. "I got better visualization with instruments that allowed me to do a little bit more in a short amount of time."

10,000 AND COUNTING

Pamela was discharged two days after the surgery, after she felt well enough to make the two-hour drive home.

"I was expecting a lot of discomfort, but I didn't have it," Pamela says. "I had very little pain, so recovery has been really good."

The hospital staff celebrated the milestone robotic surgery with a tribute to all 10,000 procedures.

"This is not the work of a single person," Dr. Parcells says. "It's a team mentality, like when you have a quarterback win the Super Bowl. It's anything but an individual accomplishment, and I've got a banger of an offensive line."

Pamela's experience reflects this team-centered approach, and it's why she believes her recovery has been so successful.

"Everything from beginning to end has just been really wonderful for me," says Pamela. "This whole process has been great because of the people. It was definitely worth the two-hour drive to Methodist Mansfield."

Watch Pamela explain why she traveled so far to regain her health on ShineOnlineHealth.com.

> **THIS IS NOT THE WORK OF A SINGLE PERSON. IT'S A TEAM MENTALITY,** LIKE WHEN YOU HAVE A QUARTERBACK WIN THE SUPER BOWL. IT'S ANYTHING BUT AN INDIVIDUAL ACCOMPLISHMENT, AND I'VE GOT A BANGER OF AN OFFENSIVE LINE."
>
> — DR. JEREMY PARCELLS



FIRST-TIME MOM *delivers dream baby* AFTER PREECLAMPSIA NIGHTMARE

Her blood pressure rose so high doctors had to deliver her baby by cesarean section at 34 weeks, followed by 22 days in the NICU



Rachel Leeker was pregnant with her first baby last summer when her blood pressure skyrocketed and she needed critical care for herself and her infant at Methodist Dallas Medical Center.

Following a diagnosis of preeclampsia, Rachel's blood pressure rose so high doctors had to deliver baby T.J. by C-section just past 34 weeks. The tiny infant then needed a 22-day stay in the hospital's neonatal intensive care unit (NICU).

"He weighed only 4 pounds, 1 ounce when he was born," Rachel recalls.

It was a challenging delivery on top of an already difficult pregnancy. But Rachel had the support of a level III NICU and maternal care unit at a hospital capable of treating a wide range of critical conditions.

"I knew I was in good hands," she says. "I knew they would do everything they could for me at that stage."

RISK TO MOM AND BABY

Rachel was four months pregnant in August 2023 when she was diagnosed with preeclampsia, which placed her at greater risk of premature delivery, as well as strokes, heart attack, and organ damage.

It was a sobering diagnosis at an exciting time for Rachel and her husband, Adam.

"We were thrilled to be able to bring a new kid into the family," says Rachel, whose biggest issue in the beginning was severe morning sickness, known as hyperemesis gravidarum. "For the most part, it was a very healthy pregnancy early on. But around 24 weeks, I started having blood pressure issues."

She sought help from **Diane Huynh, DO**, OB-GYN on the medical staff at Methodist Dallas, who gave Rachel a steroid to help T.J.'s lung development in case he did arrive early. Dr. Huynh recommended Rachel come in for weekly ultrasounds and lab work. She also instructed Rachel to keep tabs on her blood pressure and watch out for persistent headaches, abdominal pain, or spots in her vision.

Rachel knew what was at stake after working with expecting mothers every day as a medical assistant at the Golden Cross Academic Clinic. About 33 weeks into her pregnancy, she became concerned that T.J. wasn't growing like he should.

"I was still really sick the whole time," Rachel explains. "I only lost weight in my pregnancy. At that point, I had lost over 12 pounds."

AN ESSENTIAL REFERRAL

Dr. Huynh referred Rachel to **Margaret Warren, DO**, maternal-fetal medicine specialist on the medical staff at Methodist Dallas.

"I was very familiar with her because we have all of our patients at the clinic see Dr. Warren, and I knew my patients loved her," Rachel says. "She confirmed that T.J. was growth-restricted and said that can happen with preeclampsia. It can cause issues with the placenta, which can affect the baby's growth."

Dr. Warren advised Rachel to start the induction process once she hit her 37th week of pregnancy, rather than waiting out the full 40-week term — a standard practice in cases like Rachel's.

HEADING OFF ECLAMPSIA

But just two days after seeing Dr. Warren, on Christmas Eve, Rachel felt what she describes as a "blinding headache." When she checked her blood pressure, the reading showed it had surpassed 180 mm of mercury, a record high for her. At the advice of her physician, she headed to Methodist Dallas to get checked out.

Doctors administered a magnesium IV drip to help lower Rachel's blood pressure but decided her best option was to begin the induction process immediately.

"Preeclampsia can develop into eclampsia, which is when maternal seizures develop," Dr. Huynh explains. "We started administering magnesium sulfate to prevent eclampsia. There is also a concern for maternal liver injury, kidney injury, hypertensive strokes, and pulmonary edema."

JOYFUL DELIVERY

When 36 hours passed with little progress, Rachel's plans changed once more, and she was taken to the operating room for a C-section. Just after noon on Dec. 26, 2023, little T.J. was born weighing barely more than 4 pounds.

"The biggest concerns with a 34-week delivery generally include neonatal respiratory failure and feeding difficulties," Dr. Huynh says. "T.J. needed NICU care and respiratory support immediately after delivery."

While doctors and nurses cared for her newborn son, Rachel had to focus on her own recovery. During this time, she says, the medical team showed "amazing" sensitivity in light of the situation, especially as T.J. remained at the hospital for about three weeks, while she was discharged after eight days.

"The NICU staff were incredible. We got updates from his nurse practitioner every day. If something significant had changed, we always knew about it," Rachel says. "Our nurses did a really great job of just leveling me out and reminding me this is temporary."

'AN AMAZING FIGHTER'

Rachel describes the day she and Adam took T.J. home as "so special."

"It was such an amazing morning," she says. "He was discharged in the morning, and we got to just go home and enjoy him."

T.J. still weighed less than 5 pounds when he left Methodist Dallas, but in four months, he virtually doubled his weight. Rachel says the entire family has been excited to have him home.

"He's been such an amazing fighter … he has overcome a lot of obstacles," adds Rachel, who returned to Methodist Dallas in May to celebrate the hospital's annual NICU reunion party.

Keep yourself (and your baby) safe



Preeclampsia doesn't always come with symptoms. Risk factors include:

- African-American race
- Excess weight
- Family history of preeclampsia
- History of diabetes or high blood pressure
- History of thyroid or kidney disease
- Pregnant with multiples

Ask your OB-GYN about any concerns you have regarding your pregnancy.



"We got to see all his nurses and all the people who took such amazing care of him. I wanted them to see how big he'd gotten."

Meeting other former NICU babies and their families was a bonus, Rachel says.

"It was so rewarding and gave me so much peace," she says. "It just made me feel so calm about the fact that all of these babies were given such amazing care — to look where they are now and know we'll be in their position at some point."

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



The latest shingles vaccine is more than 90% effective at preventing the virus, compared with the old shot, which was only 51% effective

A SHOT CAN PREVENT SHINGLES — AND THE PAIN AND BLINDNESS IT CAUSES

About 1 in 3 Americans will develop shingles in their lifetimes, an estimated 1 million cases per year, but nearly everyone 50 and older carries the virus that causes the infection.

That's because the same virus that triggers chickenpox also activates shingles in some people, so if you have ever had that common childhood virus, you could also get shingles, which can cause debilitating nerve pain and even blindness.

What too many people don't know is that there's a vaccine to protect against the disease, and it's more than 90% effective at stopping shingles.

"It's extremely effective in preventing shingles and postherpetic neuralgia," says **Edward Dominguez, MD**, medical director of organ transplant infectious disease at Methodist Dallas Medical Center.

WHAT TRIGGERS SHINGLES?

The two main triggers for shingles are the varicella-zoster virus and stress, which weakens the immune system and can cause the dormant virus to reactivate.

Shingles is not contagious in the traditional sense. However, it's possible for anyone who hasn't had chickenpox or been vaccinated against the virus to catch chickenpox if they are exposed to shingles blisters.

Those who might be susceptible include infants, pregnant women, and people with weakened immune systems.

The blisters caused by shingles should also be kept clean and never scratched or bandaged.

"Be careful about sun exposure and minimize contact with others who might be susceptible," Dr. Dominguez says.

WHAT ARE THE SYMPTOMS?

Shingles is not life-threatening but can cause mild-to-moderate symptoms that should be handled with caution to avoid further complications.

Among those possible complications is an eye infection known as keratitis, an inflammation of the cornea that can lead to scarring and ultimately blindness if left untreated.

Other symptoms include:

- A red rash that begins a few days after the pain
- Fluid-filled blisters that break open and scab over
- Itching
- Pain, burning, or tingling
- Sensitivity to touch

The most common complication, postherpetic neuralgia, causes a burning pain in nerves and the skin.

"The pain tends to be along one side of your body, and it can be quite debilitating," Dr. Dominguez says.

The best way to reduce the risk of developing shingles and postherpetic neuralgia is to get the shingles vaccine (recombinant zoster vaccine), which the FDA approved in October 2017.

WHO NEEDS THE VACCINE?

The current vaccine replaced an older shingles vaccine (zoster vaccine live), discontinued in the U.S. November 2020, which was only 51% effective in prevention. So anyone who got the old shot would be wise to seek out the new vaccine, which is far more effective and comes in a two-dose regimen administered over two to six months.

Eligible patients are between the ages of 50 and 69 and those 19 to 49 years old with a weakened immune system, including patients with HIV or leukemia or who have undergone chemotherapy.

Dr. Dominguez advises patients to get the vaccine even if they have had shingles in the past or have received the earlier vaccine or the chickenpox vaccine.

He cautions against it for anyone with an active shingles infection or pregnant patients, as well as patients who have had an allergic reaction to the vaccine in the past.





Vaccine side effects: Mild compared with a case of shingles

Edward Dominguez, MD, medical director of organ transplant infectious disease at Methodist Dallas Medical Center, assures patients that any side effects from the shingles vaccine — which can include mild to moderate soreness and redness at the injection site — are generally temporary and only last two to three days.

"Sometimes you can have arm swelling, which may require some pain medication," he says.

Other side effects include:

- Fever
- Headaches
- Shivering
- Tiredness
- Upset stomach

There's also a slight risk of Guillain-Barré Syndrome, a rare disorder in which the body's immune system damages nerve cells, causing muscle weakness and sometimes paralysis.

Talk with your primary care physician about the vaccinations you need to keep you safe this year and for the future.

Find more tips on disease prevention at ShineOnlineHealth.com.



How a Bandit in the night SAVED 'MUMMY'

When blood clots in her legs led to a pulmonary embolism, this Brit-turned-Texan needed help from her dog and Methodist Richardson

If not for her dog Bandit, Wendy Aschner suspects she might not have woken up when blood clots took her breath away and led to a lifesaving visit to Methodist Richardson Medical Center.

For weeks after her second hip replacement, the 74-year-old Richardson resident had been feeling exhausted, as though she couldn't take a full breath. Then one night last fall, her beloved Bernedoodle came to the rescue, waking her up at 5 a.m. to go outside.

"I had no breath," she says, recounting collapsing back into bed after letting Bandit back inside. "My husband asked, 'What's wrong?' All I could get out was, 'Call paramedics.'"

Wendy had a massive pulmonary embolism — stretching across most of her right lung and into her left — that would be removed by **Mohamad Kabach, MD**, interventional cardiologist on the medical staff at Methodist Richardson.

"It was very frightening," she says. "But Dr. Kabach and his team were so kind and reassuring. He's my hero."

BOTH HIPS REPLACED

Blood clots are a possible complication for patients who undergo surgeries that leave them immobile, Dr. Kabach says.

But Wendy's case was somewhat unusual. After her first hip replacement in March 2022, Wendy was diligent about going to rehabilitation sessions, wearing her compression socks, and taking her medication.

She experienced no complications and felt comfortable with the second hip replacement last August. Neither of those surgeries were performed at Methodist Richardson.

Days after the second replacement, Wendy went to rehab and said she suspected something was wrong because she was so exhausted. Three weeks later, she developed a cough, which she thought was bronchitis.

"It just got worse," Wendy says. "I knew there was something wrong, but I couldn't put my finger on it."

No one could until the morning she met Dr. Kabach and his team at Methodist Richardson in October 2023.

Pulmonary embolisms affect up to **900,000 people in the U.S. every year,** according to the American Lung Association.



Wendy had both hips replaced and developed deep vein thrombosis while recovering from the second surgery.

BLOOD CLOTS IN THE LUNGS

Before dawn that morning, paramedics rushed Wendy to the hospital's emergency department, where the medical team conducted tests to determine why she couldn't breathe.

Dr. Kabach looked at her scans and quickly determined that Wendy needed to go to surgery immediately because large blood clots had formed on both sides of her lungs.

Having such a large embolism in the lungs can make it difficult to breathe, and it is often life-threatening. In most cases, embolisms can be treated with anticoagulant medications that dissolve the clots, but when they are as large as Wendy's, surgery may be necessary.

Pulmonary embolisms are common, ranking just below heart attacks and strokes among cardiovascular diseases.

Wendy was quickly taken into an operating room, where the clots were removed from her lungs using a catheter and a minimally invasive procedure known as a thrombectomy.

"Patients with such a large pulmonary embolism feel suffocated. They feel terrible up until you actually remove the clot," Dr. Kabach says. "And that's exactly what happened to Wendy. She had that one perfect moment. I removed one big clot, and she said, 'Gosh, now I can breathe.'"

DEEP VEIN THROMBOSIS

After the procedure, Dr. Kabach determined that Wendy's embolism stemmed from her hip replacement. Because patients are at higher risk of developing blood clots after surgery on their lower extremities, they are often required to go to rehab and be placed on blood thinners to help prevent clots from forming.

"A pulmonary embolism usually starts from a clot in the lower extremities, a condition we call DVT — deep vein thrombosis," Dr. Kabach says. "In some cases, that clot can dislodge from the lower extremity vein, travel through the heart, and land in the pulmonary artery."

Following orthopedic surgery, Dr. Kabach says patients should be on the lookout for swelling, pain, and discoloration in the leg, as well as dizziness, chest pain, and shortness of breath. Fainting or passing out is also a major sign of a pulmonary embolism, he says.

"Passing out is just enough of a story — with recent surgery — to consider a pulmonary embolism," he says.

'I CAN GO HOME' TO ENGLAND

For weeks after the clot was removed, Wendy struggled to walk for more than five minutes. But when she finally managed to walk to the stop sign at the end of her street, she knew she could bounce back.

She credits her recovery to Dr. Kabach and his team but also to the encouragement of her family, including her sisters back home in her native England, her husband, their four grandchildren, and Bandit, of course.

> "A PULMONARY EMBOLISM USUALLY STARTS FROM A CLOT IN THE LOWER EXTREMITIES. IN SOME CASES, **THAT CLOT CAN DISLODGE FROM THE LOWER EXTREMITY VEIN, TRAVEL THROUGH THE HEART, AND LAND IN THE PULMONARY ARTERY."**
>
> —DR. MOHAMAD KABACH

"While I was recovering from the embolism, he lay next to me the whole time," Wendy says. "He's just Mummy's boy."

At a recent follow-up visit, Dr. Kabach took Wendy off her blood thinners and cleared her for travel. The timing couldn't be better for Wendy, who will soon travel "across the pond" to see her sisters, one of whom just turned 80.

"I can go home," says Wendy, who missed the birthday party but plans to make a surprise visit. "I can go home and see my sisters."

Find relief from joint pain, whether it's an injury or a chronic orthopedic condition.

BACK FROM THE BRINK

Financial analyst beats the odds after a brain hemorrhage, cardiac arrest and a month-long stay at Methodist Mansfield



A bad headache in May 2023 led Dirk Huebl to make a trip to the emergency room followed by surgery and a year of physical and occupational therapies. And while Dirk's memories of that ordeal are fleeting, he will never forget those who saved him, a team led by **Richard Meyrat, MD**, medical director of neurosurgery at Methodist Mansfield.

"I'm grateful for the care I received at Methodist Mansfield," says the 58-year-old financial fraud analyst from Burleson.

His wife, Barbara Huebl, remembers it all and couldn't agree more.

"The neuro ICU nurses gave us all the time we needed, even while caring for whole unit full of patients," she says.

BRAIN HEMATOMA

Dirk had been feeling poorly for a week in May 2023 when he awoke early one Saturday with a terrible headache.

When he couldn't stand, his wife and their adult son helped him into the car and drove straight to Methodist Mansfield. In the ER, Barbara was terrified her husband was dying when his head rolled back and his eyes fell into a blank stare. Worse yet, his blood pressure was dangerously high: 220/117 mm Hg.

Scans revealed a blood clot in his cerebellum that was impeding fluid in his brain from draining into his spinal cord. That brain bleed, in turn, caused a buildup of cerebrospinal fluid that put pressure on his brain.

Weakened and immunocompromised by alcoholism, smoking, and poor nutrition, Dirk was admitted to the neuro trauma unit to be treated for the clot. But his prognosis was not good, especially after he suffered a cardiac arrest.

"His body basically fell apart, involving almost every organ system — lungs, heart, brain, circulation," Dr. Meyrat says.

CARDIAC ARREST

When Dirk's condition didn't improve, Dr. Meyrat performed a ventriculostomy, drilling a hole above his right eye just behind the hairline, and placed a catheter to drain the excess fluid.

Dirk improved briefly but then suffered from a lack of oxygen, requiring him to be placed on a ventilator. He would also need a feeding tube and tracheostomy to prevent his larynx from being damaged. Again, he began to recover, but suddenly, Dirk went into cardiac arrest. Fortunately, the neuro team reacted at lightning speed to revive him.

"With nurturing and time, he got better," Dr. Meyrat says. "His multiple organ issues were all treated appropriately and aggressively."

The hematoma in Dirk's brain receded, and he was soon breathing on his own again, allowing him to move into a long-term acute-care hospital.

"Everyone at Methodist was top-notch," says Barbara, who was especially grateful for Nurse Practitioner **Jason Brown**. "He sat down with me and acted like he had all the time in the world."

MEETING THE TEAM

Dr. Meyrat explains how large and complex healthcare teams work in concert to save a single life."Every element is essential," he says, "from the nurses at the bedside to the nurse practitioners to the doctors busy in the operating room."

Months after his hospital stay, Dirk visited Dr. Meyrat and the neuro team. It was like seeing them all for the first time.

"I really enjoyed meeting Dr. Meyrat, nurse practitioner Jason, and the nurses who took care of me," he says.

Dirk is now back at work part-time in his longtime role as a senior fraud analyst. He's even quit smoking and drinking, Barbara reports. "That is a blessing in disguise."

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FIT AS A FIDDLE

When his CPAP failed to relieve his sleep apnea, this teacher and country music podcaster found relief with a pacemaker-like implant

Snoring was a burden Tim and Katherine Odom had learned to live with over the years, but it was when Tim fell silent that his wife really began to worry.

"I've always had trouble sleeping, ever since I was a kid," says Tim, a Duncanville ISD teacher who moonlights as a country music podcaster. "Then my wife said, 'Do you know you stop breathing every night?'"

The Terrell resident was skeptical at first until a sleep study confirmed his wife's suspicions: Tim stopped breathing more than 30 times an hour during that overnight exam.

"No wonder I'm always tired," he remembers thinking at the time. "I was worried that maybe that was just my life, sleeping 20 hours a day like my mom used to do."

That was until he found relief — and a proper night's sleep — with minimally invasive surgery performed by **Rajiv Pandit, MD, FACS**, an ear, nose, and throat physician on the medical staff at Methodist Dallas Medical Center.

"I'm 58 years old," Tim says, "and I'm doing more now than when I was 40. That's all thanks to Dr. Pandit and his team."

'HONEST TRY' FOR CPAP

After his sleep study, Tim was diagnosed with severe obstructive sleep apnea, a condition where the muscles in the upper airway relax too much, blocking the flow of oxygen.

"Resolving sleep apnea can have a profoundly positive impact on overall health, beyond just improving sleep quality," Dr. Pandit says. "Untreated sleep apnea significantly raises the risk of hypertension, cardiovascular disease, diabetes, and stroke."

Tim stays fit and doesn't suffer from health issues often associated with sleep apnea patients. But he did have a deviated septum, where the cartilage that separates the nose into two chambers is crooked or off-center.

"My nose has been broken so many times," Tim says. "Dr. Pandit fixed all that with a surgery and sinuplasty, which totally fixed my snoring — but not the sleep apnea."

Tim was also prescribed a continuous positive airway pressure (CPAP) machine, which uses pressurized air to keep the airway open. But he quickly found the nights with the CPAP mask were even less restful than without.

"I gave it an honest try, a year with the CPAP," Tim says. "One night it was blowing so hard I woke up panicking because I couldn't breathe."

Do you need a sleep study?



Treating sleep apnea does more than stop the snores. Over time, sleep apnea can cause hypertension, among other health problems. Risk factors for sleep apnea include:

- Diabetes
- High blood pressure
- Obesity
- Older age

Your doctor can help you understand if a sleep study is right for you.



Tim is grateful that the incision from his surgery left a beloved tattoo intact.



Tim and Katherine cut a rug while recording their country music podcast with singer-songwriter Shelby Ballenger.

TURNING TO INSPIRE

Tim ultimately turned to Inspire, a pacemaker-like device that is implanted under the skin near the collarbone. Rather than sending electrical impulses to the heart, like a pacemaker would, the 4-by-6-inch battery-powered implant uses a mild electrical pulse to stimulate a nerve in the tongue, so the airway opens in concert with a patient's breathing.

"The procedure takes two to three hours," Dr. Pandit says. "There are two incisions, one under the chin and one on the chest. It's performed on an outpatient basis, and recovery takes just a few days."

Tim was especially grateful to Dr. Pandit for sparing a beloved tattoo that just happened to be where the device was placed.

"Dr. Pandit took so much time making sure that my tattoo wasn't destroyed," he says. "I adore him for that attention to detail."

'TOTALLY SOLD ON IT'

Tim was discharged the same day with a small remote control he uses to turn the device off and on. Dr. Pandit says there's a 30-minute delay after patients activate the device so they can fall asleep comfortably before the pulses begin to stimulate the tongue's hypoglossal nerve.

"There is also a smartphone app that provides additional functionalities such as tracking usage, adjusting therapy settings, and viewing sleep reports," Dr. Pandit says.

While Tim admits to experiencing some initial facial numbness, one of a few minor side effects that are possible after the procedure, he says that went away quickly. Now, he can't live without it.

"I'm totally sold on it," he says. "We went on vacation, and I forgot the remote control. I was just miserable."

Now Tim is back to doing what he loves, in the classroom and in the studio where he and his wife interview musicians for their Gotta Love Texas Music podcast.

"We travel all over doing the podcast," he says. "I even picked up my fiddle again. I'm just a lot more active."



Tim and Katherine Odom both sleep better now that Tim's sleep apnea is behind him.

Learn about all the treatment options available to help you get a good night's sleep.



ROBOTIC SURGERY REMOVES POLYP BEFORE IT CAN BECOME CANCER

This construction site manager put off his colon screening for years before a large polyp was found in his large intestine

From traveling for work to keeping up with nine grandchildren, Mike Amman had plenty of valid excuses to put off his routine colonoscopy before a large polyp was found in his colon.

"Once the doctor saw the size of it, he said, 'The only way this is coming out is surgery,'" Mike says of the benign tumor that had grown to the size of a tennis ball before his July 2023 surgery at Methodist Charlton Medical Center.

About 1 in 3 men and 1 in 4 women develop polyps in their colons, which doctors can usually remove during a colonoscopy. These clumps of precancerous cells start out small and typically don't cause symptoms until they get larger, when they can become cancerous and spread.

Now, almost a year after his robotic-assisted surgery, Mike has put that ordeal behind him and couldn't be happier with his care at Methodist Charlton.

> **THE NURSING STAFF, DOCTORS, AND HOSPITAL WERE EXTREMELY AWESOME.** I COMMEND THEM."
>
> — MIKE AMMAN

"The nursing staff, doctors, and hospital were extremely awesome," Mike says. "I commend them."

'BLEW OFF' SCREENING

Before the surgery, Mike had let his routine colonoscopy slide for two years beyond his usual three-year interval because he travels a lot for work. While he's prone to polyps, Mike saw no signs that anything was amiss. That's not unusual before a polyp becomes cancerous.

"I blew it off for a couple of years when I probably shouldn't have," Mike says.

Doctors recommend colonoscopies every five to 10 years starting at age 45, but patients who are predisposed to polyps need a different schedule, and for good reason.

"Early identification of a colon polyp gives us the opportunity to prevent or cure colon cancer with less invasive techniques," says **Paul Hackett, MD**, colorectal surgeon on the medical staff at Methodist Charlton. "That's why it's important to get colon cancer screenings on the timetable your primary care provider recommends."

After a biopsy in which a pathologist evaluated samples under a microscope, the polyp was found to be benign. Even so, surgery was necessary, and part of Mike's right colon would need to be removed, too.

"We take these measures because colon cancers often come from these polyps," Dr. Hackett says. "We would not know if cancer was hiding in the polyp until it was completely removed and examined under the microscope."

MINIMALLY INVASIVE

Using the da Vinci Surgical System, Dr. Hackett removed the ascending side of the colon and part of the terminal ileum, the last section of the small intestine where it connects to the large intestine, and then reconnected the two sides.

To perform this minimally invasive surgery, a surgeon makes small incisions and then uses robotic instruments that are carefully positioned in the patient's abdomen. The surgeon is in control of the device at all times.

'OFF TO THE RACES'

Mike expected to be out of commission for a while, but the next day he was walking the halls of Methodist Charlton Medical Center.

"They told me to get up and move, so off to the races I went," he recalls after his surgery in July 2023. "I felt fine."

Four days after the surgery, Mike was able to go home. There, he stuck to a diet of soft foods as his body adjusted to the shorter digestive tract. Dr. Hackett advised Mike to limit his activity for six weeks, but this patient was determined to beat the standard timeline for recovery.

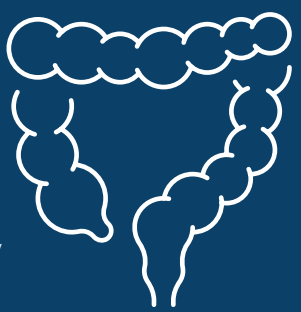
"I was going stir crazy," Mike recalls. "After two weeks, I said, 'I'm going back to work,' and he said, 'Okay, with limitations.' I was on light duty for a good month after the surgery."

Months later, Mike is back to enjoying life with his wife, Aundria, and family, including two adult children and all those grandkids. He's looking forward to retirement and doing more fishing on Lake Tawakoni.

"My biggest mistake in life was selling my boat," he says, not counting a postponed colonoscopy.

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

Who needs a colonoscopy?



According to the American Cancer Society, people at average risk need colorectal cancer screening at age 45. Screening may be a colonoscopy every 10 years or other forms of screening, such as a stool-based test, more frequently.

People with certain risk factors may need to start screenings earlier or get screenings more often:

- Family history of colorectal cancer or polyps, or of a hereditary colorectal cancer syndrome
- Personal history of colorectal cancer, polyps or inflammatory bowel disease
- Personal history of radiation to the abdomen or pelvic area

Talk with your doctor about your risk for colorectal cancer and what screening schedule is right for you.



BRAIN SURGERY PATIENT NOW WORKS

WITH THE STAFF WHO SAVED HIS LIFE

Years after having a pituitary tumor removed from his brain, he landed a job at Methodist Dallas Medical Center

Daniel Rodriguez feels a special bond with his co-workers at Methodist Dallas Medical Center, the same hospital where he had lifesaving surgery to remove a brain tumor in 2018.

"I thank everyone involved for saving my life," says Daniel, who felt a greater purpose at work when his dream job opened up at the hospital years after his surgery. "And I thank Methodist for allowing me to now work alongside them."

Just six years ago, the 39-year-old Dallas native wasn't sure he'd be working anywhere for long when he learned a benign tumor was growing inside his skull, threatening his sight and his life.

"I really thought I was going to die," he says.

That's why Daniel is so grateful to the nurses and doctors on the medical staff he now works alongside as an HVAC engineer at Methodist Dallas.

"The staff was on point," he says. "Whenever I needed something, they were there."

TUMOR ON PITUITARY GLAND

Daniel first realized something was wrong when a series of bad headaches that felt unlike anything he'd ever experienced persisted for days.

"It was just constant pressure," Daniel says.

Over-the-counter pain medications failed to provide any relief, so Daniel decided to seek help from **Bala Giri, MD**, neurosurgeon on the medical staff at Methodist Dallas.

That led to an MRI that revealed a benign brain tumor on Daniel's pituitary gland, a pea-sized structure just behind the nose that produces and releases several hormones responsible for bodily functions like metabolism and growth.

Fortunately, Daniel's tumor was not cancerous — most pituitary adenomas are benign — and it was nonfunctioning, which means it did not produce excess hormones.

Even so, such tumors are considered serious and potentially life-threatening. Daniel also faced the possibility of vision loss because the tumor was larger than expected, about the size of a golf ball.

"It could have become incurable," says Dr. Giri, who noted that it could spread to nearby cranial nerves that control eye movements.

MINIMALLY INVASIVE TECHNIQUE

Wasting no time, Dr. Giri prepared Daniel to undergo endoscopic resection, a minimally invasive procedure to remove the tumor using a flexible, tube-like instrument.

The endoscope goes through the nose to remove the tumor from the pituitary gland.

"Once I removed the tumor, I took some fat from the abdomen to put in the cavity that resulted from the tumor," Dr. Giri says.

Daniel recovered in the hospital for a couple of days after the April 5, 2018, brain surgery, which lasted about five hours.

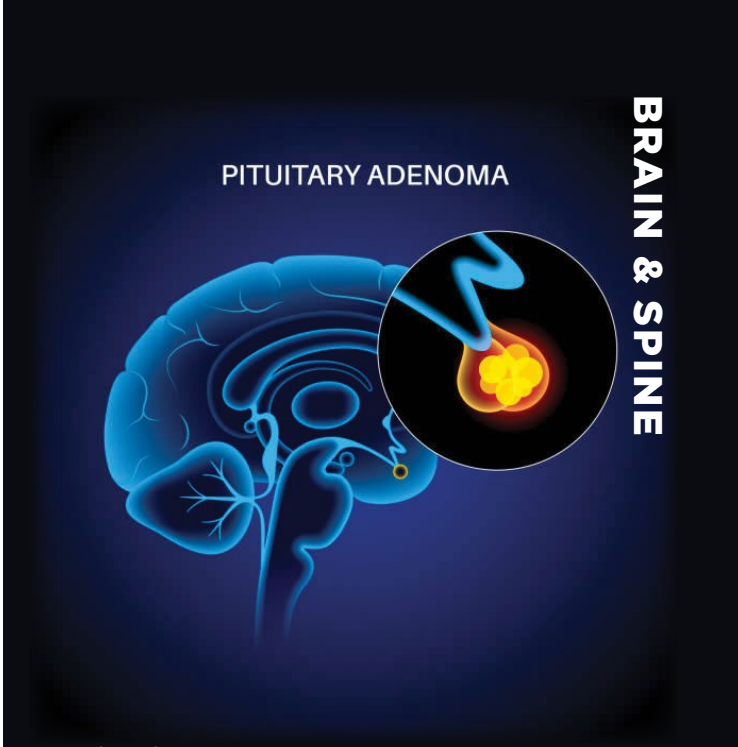
"I wasn't out for very long," Daniel says, "but I also didn't want to rush back into work."

Checkups followed about every six months and included physical exams, blood tests, and plenty of questions about recovery, side effects, and lingering symptoms.

"We follow up with patients for at least five years to make sure there's no recurrence," Dr. Giri says.

Unlike their malignant counterparts, benign tumors don't spread to other parts of the body, but they can still return after removal.

Approximately 16% of patients with a nonfunctioning or benign tumor will have a recurrence within 10 years, and 10% will require additional treatment.



Pituitary tumors by the numbers

- More than **10,000** pituitary tumors are diagnosed in the U.S. every year.
- Most of these tumors are adenomas. They're usually benign (not cancerous) and do not spread.
- Doctors estimate **1 in 4** people may have undetected, harmless pituitary adenomas.

LIFE COMES FULL CIRCLE

Healthy and pain-free again, Daniel went back to work. Following a brief recurrence four years ago, he returned to Methodist Dallas under happier circumstances.

In November 2022, he discovered an opportunity usually reserved for fairytale endings: There was a job opening at Methodist Dallas, and Daniel figured he was a perfect fit.

"I really wanted to work here," he says. A few weeks later, Methodist called him, and his life changed once again.

"It was a Thursday afternoon, and I got a call from HR," he says. "We started to talk over some things."

An offer letter was subsequently extended, and Daniel started the following Monday.

For Daniel, the journey couldn't have been more rewarding: to work at the same place where he had lifesaving surgery a few years earlier.

"I'm still here for a purpose," he says.

Are you looking for a job in healthcare? Methodist might just be looking for you. Learn more.

COMMUNITY

METHODIST DALLAS

NURSES GIVE TEACHERS A REPRIEVE FROM LUNCH

A handful of nurse leaders from Methodist Dallas visited Daniel Webster Elementary School in Oak Cliff to volunteer during Teacher Appreciation Week. The group handled lunch duty, while teachers enjoyed their catered lunch in peace. This opportunity was extra meaningful as the nurses surrendered some of their Nurses Week fun to instead serve others in their community.



WEIGHT LOSS SUPPORT GROUP LEARNS PICKLEBALL

Methodist Dallas' Weight Management Program put a heart-pumping twist on its monthly support group meeting. Program leaders **Katherine Odom, BSN, RN, CBN**, and **Misty Stroud-Martinez** connected with Director of Nursing **Michael Vansteel, BSN, RN-BC, NE-BC, MSN**, and gastroenterology nurse manager **Katy Choulramountry, RN, MSN**, who taught bariatric patients the basics of pickleball. The Folsom Fitness Center's outdoor court gave the group a perfect, local space to engage and play.







METHODIST RICHARDSON

WILDFLOWER! ARTS FESTIVAL DELIVERS FAMILY FUN

Methodist Richardson Medical Center rocked another successful Wildflower! Arts & Music Festival in May. The three-day arts and music experience is a family-friendly event held each year at Richardson's Galatyn Park. This year's festival had a diverse lineup of more than 100 bands on six stages. Methodist Richardson again sponsored the main stage, which featured headliners including KC and The Sunshine Band, Nile Rodgers, and Sister Sledge.

STAFF COLLECTS 1,600 POUNDS OF FOOD TO DONATE

Methodist Richardson collected more than 1,600 pounds of food and toiletries to help area families in need. Food pantries face their greatest need during the months of June, July, and August. This drive has become an annual hospital tradition to help fill the summer gap for some students who might otherwise go without.

HIGHLIGHTS

METHODIST CHARLTON

LUNCHEON FOCUSES ON CANCER AWARENESS

The hospital's dedication to the community was on display at the ninth annual ECHOES cancer awareness luncheon on June 22 at Community Missionary Baptist Church in DeSoto. President **Michael Stewart** delivered a stirring speech to the over 100 attendees at the Ending Cancer - Helping Others - Embrace Survival event. **Brandon Roane, MD**, gynecological oncologist on the medical staff, served as the event's featured speaker. Dr. Roane delivered an informative presentation on ovarian cancer and treatment options available at Methodist Charlton.



EVENT PROMOTES CAREERS IN HEALTHCARE

Hospital staff joined forces with the T.D. Jakes Foundation at The Shops at RedBird for a day of family fun attended by a crowd of hundreds. Student-athletes at the Beyond the Ball event got an introduction to careers in kinesiology, sports medicine, and physical therapy. Representatives from Methodist Charlton also conducted blood pressure screenings, while **Shaun Garff, DO**, sports medicine specialist on the medical staff at Methodist Charlton, conducted sports physicals.







METHODIST MANSFIELD

1,300 POUNDS OF FOOD DONATED TO FAMILIES

Hospital staff collected more than 1,300 pounds of food to be donated to Mansfield ISD families in need. The collection features nonperishable items that require no cooking, ensuring easy access to meals for students. This generous effort highlights the hospital's dedication to supporting the community and addressing hunger among local young people.

STUDENTS LEARN HOW TO TREAT SPORTS INJURIES

Members of the cardiology team at Methodist Mansfield demonstrated essential CPR techniques and AED usage to student trainers at the SMART Workshop in August. The Sideline Management Assessment Response Techniques event also taught more than 150 athletic and student trainers how to manage heat-related emergencies, how to spot a concussion, and how to assess spinal injuries. This training equips future lifesavers with the skills they need and underscores Methodist Mansfield's commitment to community health and safety.

METHODIST MIDLOTHIAN

VOLUNTEERS HOLD OLYMPICS FOR STAFF

The Junior Volunteer team at Methodist Midlothian celebrated the Summer Olympics by organizing a competition for the medical staff, nurses, and support staff ahead of the Paris Games. In addition to inflatable bowling and basketball, the challengers played putt-putt golf, corn hole, and — proving that not everyone has the skills of a surgeon — the Operation game.



HOSPITAL EARNS FIRST PARTNERSHIP AWARD

Midlothian ISD recognized Methodist Midlothian as the first-ever recipient of the Partnership Award for the ongoing support of wellness and educational opportunities for district schools. The hospital is involved with several yearly initiatives, including the Midlothian ISD Express Care Clinic and sports physicals for student athletes.

"Strong community partnerships like the one we have with Methodist Midlothian exemplify the power of community and how the collaboration creates supportive and thriving environments for our students and staff," says David Belding, superintendent of Midlothian ISD.







METHODIST SOUTHLAKE

GCISD HOLDS HEALTH SCIENCE PINNING CEREMONY

A pinning ceremony for health science students at Grapevine-Colleyville ISD was held in May at Methodist Southlake. The purpose of the event was to recognize those who passed muster as certified nursing assistants, certified medical assistants, and pharmacy technicians. In addition to providing tasty treats from Market Street, hospital president **Benson Chacko** delivered the keynote speech to this class of aspiring healthcare workers.

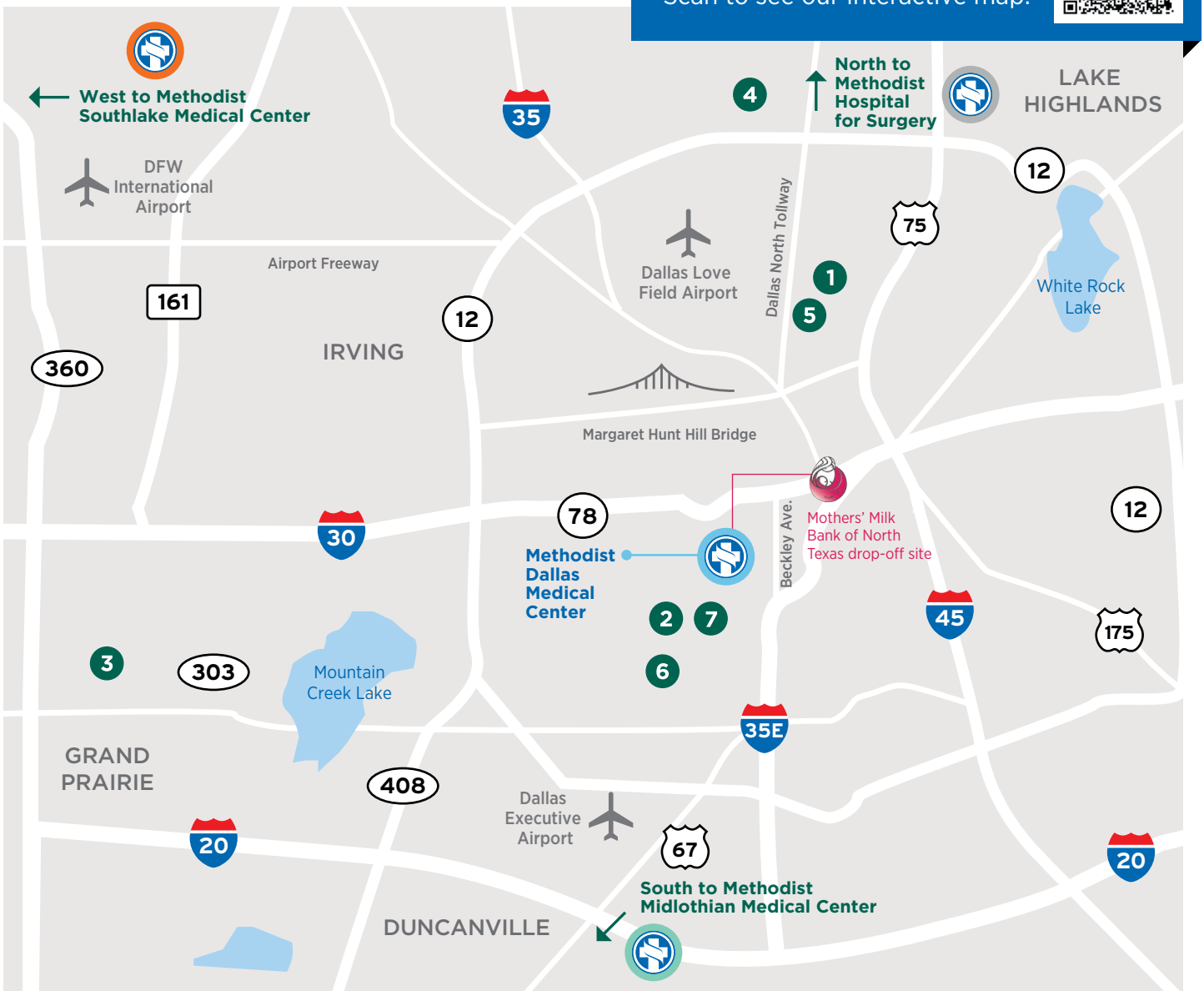
STUDENTS' WORK ON DISPLAY AT HOSPITAL

Young artists from local schools filled the lobby at Methodist Southlake for an art exhibit. Artwork was on display for families from Carroll ISD campuses, Westlake Academy, Grapevine Faith Christian School, and Reading Friends of Keller. Patients and their families also enjoyed the weeklong display.

Methodist
DALLAS MEDICAL CENTER

We're in your neighborhood

Scan to see our interactive map!



MEDICAL CENTERS

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

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

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

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

METHODIST FAMILY HEALTH CENTERS AND MEDICAL GROUPS

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

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

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

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

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

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

OTHER FACILITIES

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

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

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

Methodist
DALLAS MEDICAL CENTER

For more information visit us at

MethodistHealthSystem.org/DallasDigestive

or call **(469) 489-0265**

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