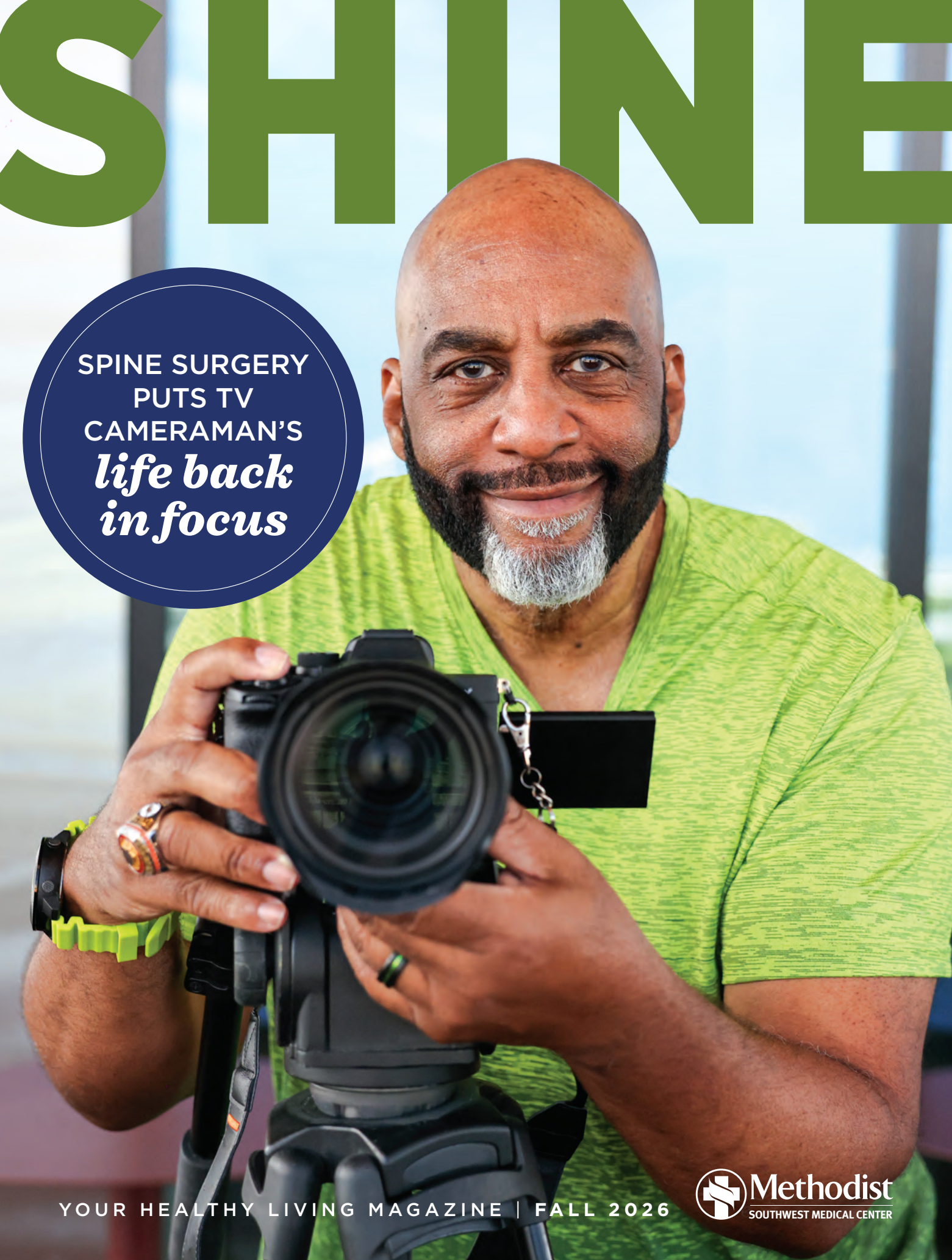
SHINE



SPINE SURGERY PUTS TV CAMERAMAN'S *life back in focus*

YOUR HEALTHY LIVING MAGAZINE | FALL 2026

Methodist SOUTHWEST MEDICAL CENTER

SHINE

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Methodist HEALTH SYSTEM



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30 Sharron Jackson spent a career schooling eighth-graders — on the basketball court and in the classroom — **so she never expected a heart attack to teach her a lesson**.



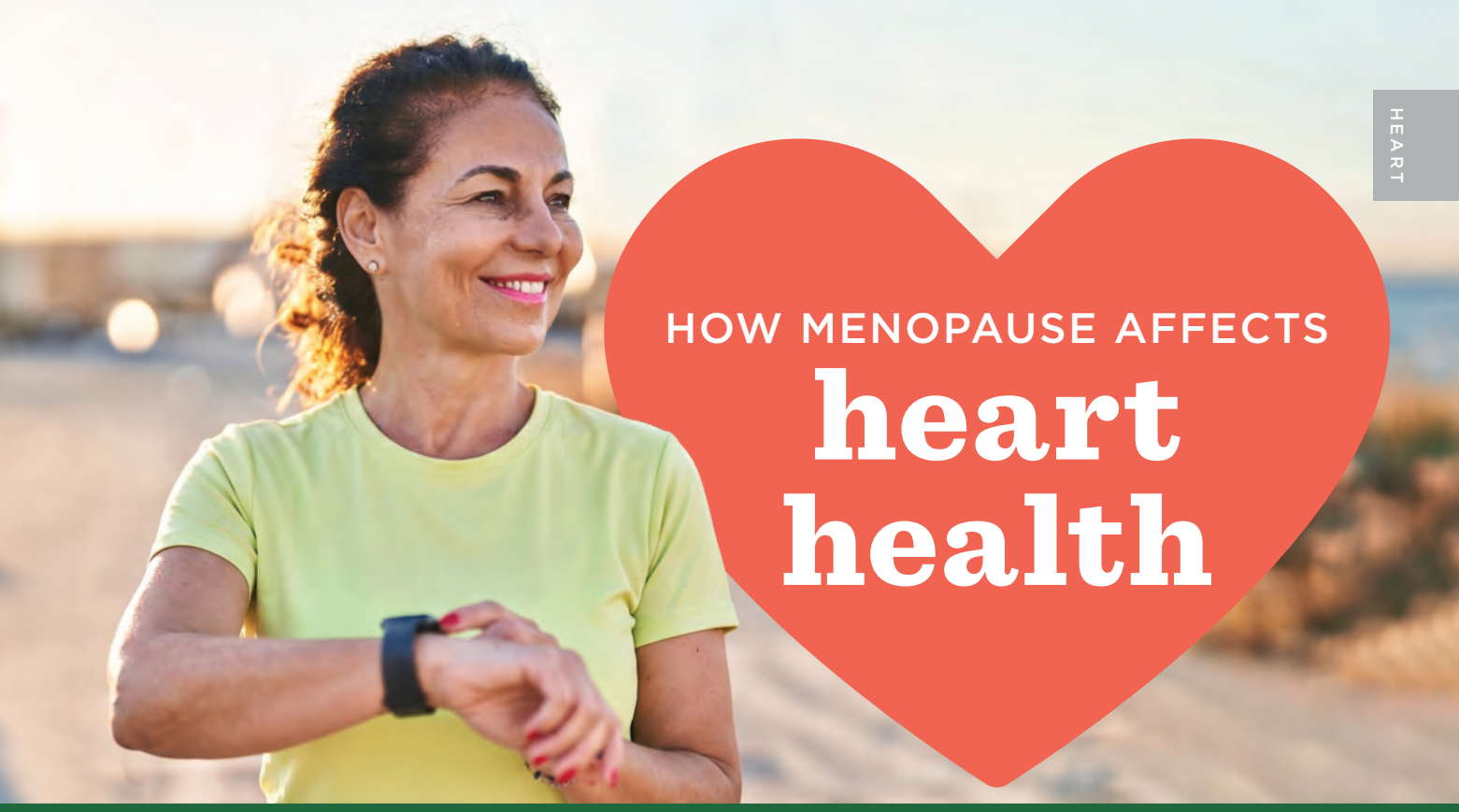
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HOW MENOPAUSE AFFECTS heart health

Why the risk of heart disease rises during menopause

WOMEN FEEL MANY of the changes that menopause brings — hot flashes, night sweats, weight gain — but they may not recognize an increased risk of heart disease, the number one killer of women.

Menopause marks one year since the end of menstrual cycles, but declining hormone levels also bring about a turning point for heart health.

"Estrogen plays an important role in protecting the heart and blood vessels," says **Mihaela Kruger, MD**, cardiologist on the medical staff t Methodist Southlake Medical Center. "When those hormone levels fall, the risks go up."

Before menopause, estrogen helps blood vessels relax and supports a healthier cholesterol balance. It also reduces inflamm tion and slows the buildup of plaque in arteries.

"Once estrogen levels decrease, the arteries become stiffer and the blood vessel linings don't function as well," Dr. Kruger explains.

EARLY MENOPAUSE AND YOUR HEART

Women who go through menopause before age 45, either naturally or through surgery to remove their ovaries, face an even higher risk of heart disease.

"The earlier and longer estrogen is absent, the more time the body has to develop risk factors like insulin resistance, high blood pressure and unhealthy cholesterol," Dr. Kruger says. "Over time, this can lead to heart failure, stroke, and coronary artery disease."

SIGNS OF HIGH BLOOD PRESSURE

Hot flashes and nig t sweats, also known as vasomotor symptoms, are more than just uncomfortable. They might signal hypertension.

"Studies show women who experience vasomotor symptoms frequently have a higher rate of high blood pressure," Dr. Kruger says. "These changes can occur years before any signs of cardiovascular disease appear."

That makes it critical for women to keep regular tabs on their blood pressure and visit a doctor if they have any concerns.

PROTECT YOURSELF

Heart disease risk isn't inevitable as women age. Lifestyle changes and regular screenings can make a meaningful difference.

Dr. Kruger recommends that women monitor their blood pressure, cholesterol levels, and blood sugar regularly during this time.

"Early intervention during the menopausal transition is particularly effective in reducing long-term heart disease risk," Dr. Kruger says.

READ MORE FROM OUR SERIES ON MENOPAUSE AND PERIMENOPAUSE AT SHINEONLINEHEALTH.COM.



"I CALL IT THE COMEBACK. I WAS KNOCKED DOWN, **BUT NOW I'M COMING BACK."**

— ROBERT FLAGG

SPINAL FUSION PUTS TV CAMERAMAN'S *life back in focus*

PHOTOJOURNALIST ROBERT FLAGG spent his career capturing breaking news for TV stations across North Texas, but all those years hauling heavy cameras nearly broke him.

"I call it the comeback," Robert says. "I was knocked down, but now I'm coming back."

More than a year after spinal fusion surgery at Methodist Southwest Medical Center, Robert has fought back from near-paralysis to become one of those feel-good stories he once covered for the TV news — but this time on the other side of the lens.

"I've covered a lot of major events," he says. "But for me to be on the other side of it … it has really touched me beyond words. Methodist Southwest saved my life."

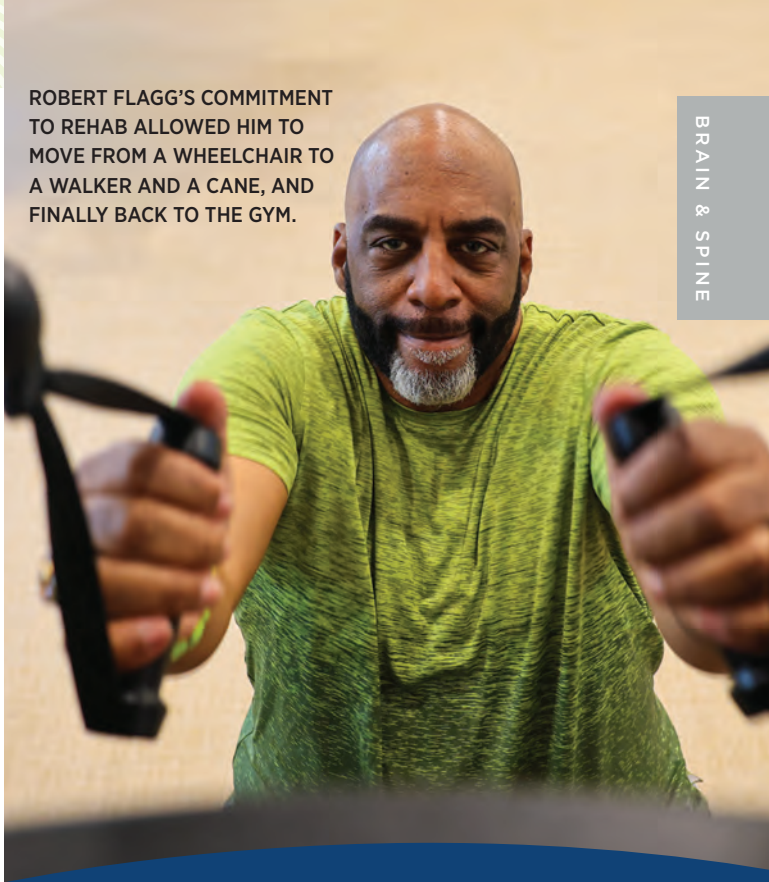
BREAKING NEWS

Anyone who's watched broadcast news in Dallas-Fort Worth over the past 30 years has seen Robert's work.

As a longtime TV cameraman, often "running and gunning" on the overnight shift, Robert was used to physically demanding work: moving heavy gear quickly in unpredictable situations, from seven-alarm fi es and dangerous weather to smash-and-grab robberies and thousands of homicides.

"We had three D's," he says of the newsroom's stock in trade, "death, destruction, and dumb stuff."

Over time, that wear and tear took a toll on Robert's back, and several on-the-job car crashes only made it worse. In early 2024, the pain became unbearable.



ROBERT FLAGG'S COMMITMENT TO REHAB ALLOWED HIM TO MOVE FROM A WHEELCHAIR TO A WALKER AND A CANE, AND FINALLY BACK TO THE GYM.

"It's the worst pain possible," he says. "I had to crawl from my car to the house."

Robert's condition continued to worsen until one day, after returning from a trip with his mother, he nearly lost consciousness from the pain.

"I told her, 'Call 911. I'm going to pass out,'" he says.

Robert was taken by ambulance to Methodist Southwest, where doctors began searching for answers.

SPINAL FUSION

At the hospital, imaging revealed severe damage to Robert's spine. The situation was critical, says **Randall Graham, MD**, neurosurgeon on the medical staff t Methodist Southwest.

"He was completely unable to walk or really even to stand up," Dr. Graham says. "He was essentially bedbound."

Scans of Robert's back showed significa t compression of the spinal cord across multiple levels. Without surgery, he risked permanent paralysis.

"I really don't think he had much room or much time left before needing some kind of intervention," Dr. Graham says.

Dr. Graham recommended immediate spinal fusion — a complex procedure to relieve pressure on the spinal cord.

The surgery involved placing rods and screws to stabilize the spine, then removing bone and tissue that was compressing the spinal cord.

"We had to remove all of that overgrown bone and ligament that was absolutely smashing his spinal cord," Dr. Graham says. "It ended up being much more delicate than we thought."

Despite the complexity of the seven-hour surgery, Robert went into the surgery placing his full faith in Dr. Graham and the rest of his care team.

"I had total confiden e in them," Robert says. "The way they were making me feel. It's like, 'Hey, we got you. We're going to take care of you.' They made me feel like I was part of the family."

NEVER GIVING UP

Recovery was not immediate for Robert, and rehabilitation became a major commitment.

"It is a job," he says. "It's one day at a time."

Dr. Graham said Robert's determination played an important role in his successful recovery.

"This is a testament to his will and his strength," Dr. Graham says. "He didn't give up."

For Dr. Graham, moments like this are why he does the work.

"You give them their life back," he says. "I think that's everything."

Robert began in a wheelchair, then progressed to a walker, then a cane — and eventually, to walking again. He reached a major milestone at a recent follow-up appointment.

"He was able to actually walk independently," Dr. Graham says.

"IT IS A JOB.
IT'S ONE DAY AT A TIME."
— ROBERT FLAGG

Today, Robert continues to rebuild his strength and return to the activities he loves. He's back to exercising, riding a custom three-wheel bicycle, and working toward returning to production work.

Robert hopes others will listen to their bodies and seek care when something doesn't feel right. And he knows just the place to tell them to go.

"Methodist Southwest has this huge cross on the building," Robert says. "I could see it from my window, and it just let me know that I was in good hands. That spirit was there. Not just in the building, but in the people."

WATCH ROBERT GET BACK ON HIS FEET AGAIN AT SHINEONLINEHEALTH.COM.



READY TO ROCK 'N' ROLL AGAIN AFTER KNEE REPLACEMENT

This lifelong musician had surgery so he could get the band back together

ROCK 'N' ROLL has been a lifeline for Gary Coots, but painful arthritis in his left knee nearly stopped the music.

"I have played music off and on or most of my life," says the 75-year-old from Arlington, "and I've been in several different bands."

Gary had endured enough pain to beat the band for years, eventually forcing him to seek out knee replacement surgery at Methodist Mansfield Medical enter.

"Three months after surgery, I'm already doing everything I did before, and both knees feel great," Gary says. "My hat's off o Methodist Mansfield "

FROM SHOTS TO SURGERY

Gary remembers exactly when he injured himself because he was on his knees, writing Scripture verses on the floor of the Bible translation company where he worked in 2015.

"That building is covered in Scripture," he says. "The instant it happened, it felt like somebody had taken an electric cord and plugged it into my knee. It felt like an electric shock."

Gary was referred to **Shane Seroyer, MD**, orthopedic surgeon on the medical staff t Methodist Mansfield. he surgeon suggested a partial knee replacement but also

Knee Pain Treatment Progression

1. **Rest, ice, compression and elevation, losing weight, bracing, physical therapy**
2. **Corticosteroid injections, hyaluronic acid, platelet-rich plasma (PRP)**
3. **Minimally invasive surgery to replace part or all of the knee joint**

offered a temporary fix: orticosteroid shots to relieve inflamm tion in his joint.

"Those worked for almost 10 years, and then they quit working," Gary says. "So I knew then it was time for knee replacement."

Dr. Seroyer agreed the time had come to pursue a more permanent fix

"Knee replacement is really something that we do when it comes to a quality of life issue," he says, "when the person can't do the things that they desire to do because of the pain."

MUSIC AS THERAPY

Gary has enjoyed playing music since the second grade, when his mother bought him a guitar.

"I still have that acoustic guitar," he says. "I'd set it down for a few years, and I'd pick it back up again. And in the early '60s, I started playing with a couple of friends of mine, neighbors, and we started a band."

Gary played countless gigs across Dallas-Fort Worth, and he joined more than a few bands, from Southern Cookin' to the Circle Back Band. In the 1990s, he found a way to pair his faith with his musical hobby and even got his wife, Barb, in on the act.

"I started playing worship music in our church, and I really enjoyed that," Gary says. "The worship team evolved into this band we called Thursday Night Therapy. We were TNT."

Barb sang backup, while Gary played guitar and keyboards and occasionally contributed vocals himself.

"We got to play music together, but we also prayed together and shared together. It was really therapeutic. I really enjoyed that part of my life."

But all that time standing on stages and carrying equipment across North Texas took a toll on Gary's knees, eventually leading to surgery in January 2026.

FOR A RAPID RECOVERY

In preparation for surgery, Gary lost about 30 pounds by watching what he ate and dedicating himself to a daily regimen of walking and other low-impact exercises.



GARY PLAYED IN MORE THAN A FEW BANDS, STARTING IN THE 1960S.

"Before surgery, my goal was 8,000 steps a day, and I did look up some exercises to do pre-surgery," he says. "Doing those simple exercises really helped cut down my recovery time."

Gary's recovery also benefi ed from a minimally invasive approach to surgery known as a "Jiffy Knee replacement."

"I'm able to do it without cutting any of the muscle or tendon," Dr. Seroyer says. "That allows the patient to have full motion right away and leads to a very rapid recovery."

'I DIDN'T WANT TO LEAVE'

Before surgery, Gary knew to the minute how long it would take (37 minutes, according to Dr. Seroyer), and he and his wife were in and out of the hospital in less than 24 hours.

"The moment we walked in the door there were people waiting there to greet us," Gary says. "The whole staff as just awesome."

Even the food was great at Methodist Mansfield, ary says, so much so that he was actually sad to get his walking papers.

"The next day, I really didn't want to leave because I was waiting to see what they were going to have for dinner," he says.

Back on his feet shortly after surgery, Gary credits the support of his wife and post-operative exercises for getting the band back together, so to speak. He's organizing a high school reunion band this fall.

"It gets to be just a daily habit to do these exercises two or three times a day," he says. "And if you have a spouse who's willing to join you, that makes it even more fun. You need to keep moving."

WATCH GARY MAKE MUSIC AFTER RECOVERING FROM KNEE SURGERY AT SHINEONLINEHEALTH.COM.

SOCIAL MEDIA STAR WITHOUT ARMS TAKES ON *motherhood*

Hundreds of thousands of people have watched Kashmiere Culberson online — driving a car, eating, and putting on makeup without arms. Now, her fans — and a familiar nurse — are watching her embrace being a mom.



FIRST-TIME MOM KASHMIERE Culberson has built a huge social media following by giving her fans a glimpse of life without arms.

"I just want to show people that I'm normal," says the 28-year-old Dallas native, who's known as Kash to her followers. "I just do things a little different."

Kash was born at Methodist Dallas Medical Center with a rare condition known as bilateral phocomelia. She returned to the hospital in June 2025 to deliver her own daughter, ZaNova, with help from the same nurse who cared for Kash's mom after her delivery.

"My baby is here. She's healthy. She's beautiful," says Kash, who credits that longtime nurse, **Rose Marie Krause, RN**, and all the other "incredible" staff membe s at Methodist Dallas. "They were so patient with me, answering my questions and helping me through everything."

FINDING HER PEOPLE

Before becoming a mother, Kash was busy building her life as a business owner and content creator.

She runs a tech business, prepares taxes, and shares parts of her daily life online with nearly 1 million followers and subscribers across YouTube, Instagram, and TikTok, showing them how she accomplishes everyday tasks without arms.

Kash began posting videos online while she was in college. At fi st, it was simply a creative outlet, but people quickly connected with her story because she showed her followers what it looks like to live fully, confide tly, and unapologetically.

"People kept telling me I inspired them," she says. "I didn't realize it at fi st."

Eventually, she understood why. Her story reminds people that limitations don't define a pe son's future. Motherhood has become the newest chapter in that story.

PREECLAMPSIA RISKS

Pregnancy came as a surprise to Kash, who didn't think she could have children.

"The lady was like, 'Hey, you're pregnant,'" Kash says with a laugh. "My mouth just dropped."

Her fi st and second trimesters were relatively typical, but everything changed in the third. She needed to be monitored closely after a diagnosis of high-risk preeclampsia, a condition that causes high blood pressure during pregnancy.

"Elevated blood pressure in pregnancy is not always considered preeclampsia," says **Robert Vasquez, MD**, OB-GYN on the medical staff t Methodist Dallas. "The diagnosis ranges from gestational hypertension to preeclampsia, among other factors."

Kash was admitted to Methodist Dallas, and her hospital room became a second home.

"I thought they just wanted to make sure I was good and we would go home," she says. "But I was there for two months."

Meanwhile, Kash's family and friends stepped in to carry the weight of everything happening outside the hospital walls: setting up her nursery, bringing meals, and making sure she never felt alone.

"You know, they say it takes a village to raise a child," Kash says. "But it also takes a village just to be there for someone. And my village showed up."

While Kash was on bed rest at Methodist Dallas, part of her past walked through the door.

> "ANYTHING IS POSSIBLE IF **YOU'RE HAPPY WITH YOURSELF AND YOU SET GOALS.** ANYBODY CAN CONQUER THEM."
>
> — KASHMIERE CULBERSON

A DELIVERY LIKE NO OTHER

When Kash was born in 1997, her rare condition stunned the clinical staff. Doctors ran tests to find the caus . They searched for answers but found none.

"So many tests were done," Kash says. "They tested my parents, my grandparents, everybody. But they couldn't find a ything."

For Kash's mother, Tomika Bomar, that day was all so overwhelming.

ROSE MARIE KRAUSE, RN, HELPED TAKE CARE OF KASH AS A BABY AND CARED FOR KASH'S NEWBORN, TOO.



"I remember the room filling with peopl ," she recalls. "Everything happened so fast. I didn't even see her right away because they had taken her to the NICU."

The news that her baby had been born without arms was too much to process at fi st. But the nurses were there for Tomika.

"They were incredible," she says. "So attentive, so caring. They took such good care of me."

One of those nurses was Rose. Nearly 30 years later, she was asked to care for a pregnant patient who had been born on her watch back in 1997.

"When I learned about Kash's background, I realized I had cared for her as a baby years ago," Rose says.

It was a full-circle moment for the three women.

FINDING THE RIGHT CARE TEAM

After Kash learned she was pregnant, finding the right care team was her top priority. When she connected with Dr. Vasquez, the two quickly bonded.

"I love, love, love him. It was funny because, of course, he never had a patient like me," she says with a huge smile. "He didn't know at fi st if he was the best for me, but he ended up being exactly what I needed."

Before taking on Kash as a patient, Dr. Vasquez made calls, looping in colleagues to ensure the right support was in place.

"I wanted to make sure that she got the best care possible, even if it wasn't with my team and me," he says. "I had no doubt that Methodist Dallas could take care of her, but I wanted it to be a smooth and easy process for her."

WATCH KASH DO HER THING ON SOCIAL MEDIA AT SHINEONLINEHEALTH.COM.

"Our fi st encounter in the clinic — I was amazed by her story and strength," he says. "She is a beautiful soul, and her smile lights up any room."

When Dr. Vasquez told Kash he'd be part of her care team, it was a memorable moment.

"We hugged, and there was so much joy," he says. "I'm a better doctor because of Kashmiere, and I am honored she chose my colleagues and me to care for her."

'ANYTHING IS POSSIBLE'

When the time came to deliver ZaNova, doctors attempted to induce labor, but that process stalled. Eventually, Kash and her care team decided a C-section was the safest path forward.

"At fi st, I cried," Kash says, her voice catching. "But once we got in there, everything went well."



ZANOVA IS GETTING PLENTY OF CUDDLES AT HOME FROM KASH AND HER BOYFRIEND, ZEANDRE POLK.

Relief filled the oom when Kash saw ZaNova and heard her cry for the fi st time. The uncertainty, the fear — all of it led to that moment.

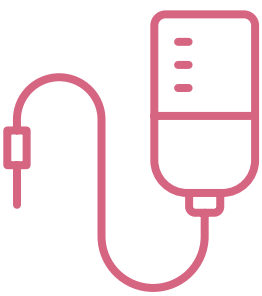
At fi st, because of the surgery, Kash couldn't hold her newborn, so family and friends placed her near Kash's face, giving mother and child a chance to bond.

"She's not a person who likes a lot of help. She's very independent," Tomika says. "It's just going to be cool to see our baby take care of her baby."

A year later, Kash is back to sharing with her "Kash Crew," what she calls her social media followers. Now her videos are focused on daily life as a mother, from feeding her baby to strapping her into a car seat.

And ZaNova is thriving, watching Kash's every move and even trying to pick things up with her feet, just like Mom.

"We made it," Kash says, teary-eyed, celebrating every precious moment. "Anything is possible if you're happy with yourself and you set goals. Anybody can conquer them."



Dr. Vasquez and his colleagues had to consider challenges most patients never face — from ensuring reliable IV access in an emergency to coordinating closely with anesthesia and surgical teams.

NEW PUMP SAVES LIVES

Innovation gives liver recipients the freedom to enjoy life again

LINDA WILLIAMS ENDURED years of "house arrest" with a compromised immune system before a liver transplant at Methodist Dallas Medical Center.

"I couldn't go outside because of all the allergens in the air," says Linda, a retired office manager who adores the great outdoors. "I couldn't go to the grocery store. I couldn't go to church. It was tough."

Thanks to the hospital's transplant staff and a n w lifesaving tool now at their disposal, Linda can now, after 13 years, put cirrhosis behind her and enjoy her farm in East Texas.

WAITING GRACEFULLY

Linda was placed on a transplant list in 2021 when her liver disease caused her health to reach its low point.

"I really didn't expect to see my next birthday," says Linda, who turned 72 in April. "I knew my health was deteriorating fast."

Cirrhosis is a late-stage liver disease that replaces healthy tissue with scar tissue, blocking the organ's ability to fil er toxins and eventually causing it to fail.

Linda and her family were keenly aware that a new liver may never become available to her because other patients might come first.

"I understood completely that a younger person deserves the chance to live the life I already have," Linda says. "I just wanted whatever God wanted, and I wanted to wait gracefully for my turn."

Fortunately for Linda, her turn came sooner than anyone expected when a newly acquired medical device at Methodist Dallas widened the donor pool for patients like her.

A LIFESAVING CALL

Linda committed to making numerous trips from her home outside Grand Saline to see her doctors at Methodist Dallas before her surgery in March 2026. It was the final dri e her family won't forget — although it's all a blur for Linda.

"She was getting ready for bed, and she gets a phone call at 11:11 p.m.," says her daughter Michele Steltzlen. "So the entire family got up and got going, and we're all playing phone tag with each other."

The family made it to the hospital just after midnight and expected the surgery to last anywhere from 6 to 10 hours. Four hours later, they learned the transplant was a success — all made possible by **Alejandro Mejia, MD, FACS**, executive director of organ transplantation at Methodist Dallas, his team, and the HOPE pump.



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The number of lifesaving transplants performed in 2025 at Methodist Dallas Medical Center

"This system feeds oxygen into the liver, so it will perform better once it's transplanted," Dr. Mejia says. "This tool greatly expands the pool of donors for our patients."

ETERNALLY GRATEFUL

Within a week of the transplant, Linda's health had transformed, and she was discharged from Methodist Dallas after just two weeks.

During that time, Linda lost track of how many times the staff made her eel like she was their only patient, from Dr. Mejia to every nurse and beloved transplant coordinator **Imelda Ulrich, BSN, RN, CCTC**.

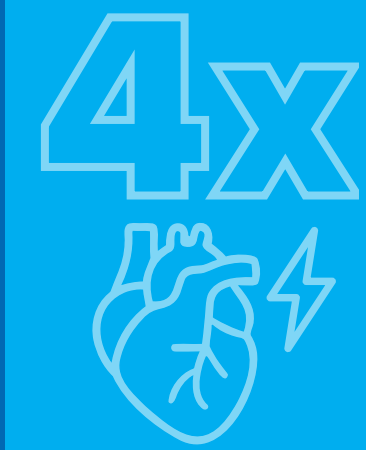
"I can't tell you how many of them would come in and ask if I wanted a word of prayer," says Linda, who holds her Christian faith dear. "They all prayed with me, and that made me feel better."

Linda only regrets that she can't thank her donor personally, but she hopes others will follow their example and share that lifesaving generosity.

"How wonderful is it for someone to be so caring that they shared a part of their self with you when they can no longer use it?" Linda says. "That's giving life to somebody. That's what God does."

READ MORE ABOUT HOW THE HOPE PUMP IS SAVING LIVES AT SHINEONLINEHEALTH.COM.

CATCHING THE FLU CAN QUADRUPLE HEART ATTACK RISK



VIRAL ILLNESSES LIKE the flu can ma e life miserable with the usual fever, aches, and pains, but every respiratory infection also puts stress on the heart, potentially causing far worse problems.

Recent research has found that the risk of heart attack and stroke rises dramatically in the weeks after respiratory infections: three times the risk after a COVID-19 infection and quadruple the risk after a bout of flu, a cording to the 2025 study.

That connection makes perfect sense, according to **Sajjad Haider, MD**, a cardiologist on the medical staff t Methodist Mansfield Medical enter.

"When somebody has the flu or OVID, the body is under a lot of stress," Dr. Haider says. "There are inflamm tory hormones released, and a lot of inflamm tion happens in the body. We know that increased inflamm tion puts patients at higher risk for heart attacks."



In people who received a flu accine, studies show a **26% decreased risk of heart attacks** and a **33% reduction in cardiovascular deaths**.



HOW INFECTIONS STRAIN THE HEART

When the immune system responds to a virus, it releases stress hormones and inflamm tory signals designed to fig t off infection. At the same time, the heart often beats faster, and the body works harder to recover.

"That stress can unmask problems that may not have caused symptoms before," Dr. Haider explains. "If someone has a blockage that wasn't significa t previously, during a high-stress state the heart may not get enough blood supply. That can trigger a heart attack."

Studies have shown that the risk of heart attack rises sharply in the weeks after a laboratory-confirmed flu fection. COVID-19 has also been linked to an elevated risk that may persist for months.

Dr. Haider says he has seen similar patterns in clinical practice.

"I have seen patients who came in with COVID and then developed heart attack symptoms," he says. "Their bodies were under stress, and that made a difference."

INFLAMMATION CAN LINGER

One of the more concerning findings f om recent research is that cardiovascular risk does not necessarily end when respiratory symptoms improve.

"That inflamm tion can linger for weeks or even months," Dr. Haider says, "and during that time the risk remains elevated."

While anyone can be affected, certain patients should be especially cautious.

"Men are inherently at higher risk for heart disease," Dr. Haider says. "But everybody should be concerned."

Patients older than 65 and those with diabetes, high blood pressure, high cholesterol, or a family history of heart disease face increased vulnerability. Anyone diagnosed with heart disease should be particularly vigilant during cold and flu season

"If you already have heart disease or risk factors, you need to be very careful and stay on top of your treatment," Dr. Haider says.



KNOW THE WARNING SIGNS

After recovering from a respiratory infection, it's important to pay attention to new or worsening symptoms that might signal heart problems:

- Chest pain, tightness, or pressure
- Shoulder pain or pain that travels down the arm
- Pain in the neck, jaw, upper belly, or back
- Fatigue, difficu y breathing, or shortness of breath

Dr. Haider notes that women and patients with diabetes may not experience classic chest pain as a symptom of heart disease.

"They may just feel unwell, have nausea, or unexplained shortness of breath," he says. "We have to be careful with those patients."

Dr. Haider urges patients to seek medical attention promptly whenever symptoms like these are unusual and persistent.

"If you're suddenly more fatigued or short of breath than you were before, that's something to evaluate," he says.



CONSIDER GETTING A VACCINE

Prevention is key when it comes to protecting ourselves from heart disease, and vaccination plays an important role.

"If you get vaccinated for flu o COVID, you reduce your chance of getting the infection," Dr. Haider says. "And even if you do get it, the illness is usually milder."

A milder infection typically means less inflamm tion and less stress on the cardiovascular system.

"Vaccination helps prevent your body from entering that high-stress state that can trigger a heart attack," Dr. Haider says.

In addition to vaccination, he encourages patients to practice good hand hygiene, be cautious around those who are ill, and consider wearing a mask in high-risk situations during peak virus season.

This cold and flu season, D . Haider's message is straightforward: Protecting yourself from infection may also protect your heart.

"Taking preventive steps now," he says, "can help you avoid serious complications later."

FROM PREVENTION TO ADVANCED PROCEDURES, TRUST YOUR HEART TO METHODIST. LEARN MORE AT METHODISTHEALTHSYSTEM.ORG/HEARTCARE.



CANCER SURVIVOR TO ALL THE GUYS:

‘CHECK YOUR BREASTS’

A year after his stunning diagnosis, this 70-year-old from Wylie is cancer-free and spreading the word to men and women alike.

BREAST CANCER SURVIVOR Roger Hankey has a message for any man who thinks all those pink awareness ribbons only apply to women.

“Check your breasts, your chest, whatever you want to call it,” says Roger, who owns an RV park in Collin County. “It’s well worth it to save your life.”

Now cancer-free, Roger is grateful his disease was found early, with help from his wife, Vicki, and the team at Methodist Richardson Medical Center, where he had a mastectomy in fall 2025.

“If not for Vicki, I wouldn’t be here,” he says. “And my doctors and nurses — angels on Earth. I was just very fortunate in my circumstances.”

“I can relate to a lot of women out there now,” he adds.

‘THAT IS NOT NORMAL’

A month before his cancer was diagnosed, an older cousin shared a bombshell about his own health with Roger.

“We were sitting there talking, and he goes, ‘By the way, I had a mastectomy,’” Roger recalls. “I said, ‘You’re kidding me.’ He’s Stage 4, so he wasn’t as lucky as I was.”

About 1 in 755 men will face a breast cancer diagnosis during their life, compared with 1 in 8 women. But because of a lack of awareness and screening, breast cancer is often found at a later stage in men.

His cousin’s news shook Roger, especially a few weeks later when he rubbed his arm across his chest one morning, and it came away damp and cold.

"I thought, where the hell is that coming from, and I assumed it was sweat," he remembers. "But no, I had a leaky nipple."

Vicki knew right away that Roger needed to see a doctor. Nipple discharge can be benign for women, but it's always a warning sign for men.

"As soon as he told me, I was on the phone," she says. "That is not normal."



NEEDED A MASTECTOMY

A mammogram and CT scans would follow, along with two biopsies that ultimately led Roger's doctors to refer him to **Jenevieve Hughes, MD**, breast surgeon on the medical staff t Methodist Richardson.

"It's so important to be paying attention to our bodies, both men and women," she says. "I don't expect my patients to figu e out exactly what a new symptom or change means; I just want them to bring it to my attention. It's my job to try to get to the bottom of it."

That's precisely what Dr. Hughes did: She found four small areas of invasive ductal carcinoma in one of Roger's breasts, as well as a larger 7-centimeter lump that was precancerous, known as ductal carcinoma in situ, or DCIS.

"There was a lot more DCIS than we expected," Dr. Hughes says. "That was the reason he needed to ultimately have a mastectomy."

The prospect of losing a breast barely fazed Roger: "Take it off. I don't need it anyway."

"They did offer to tattoo me a new nipple," he says with a laugh, "but I don't know."



TICKLED BY 'ALL THE PINK'

Almost a year after his surgery, Roger has a new appreciation for the screening women go through every year or two.

"I was just sitting with a room full of women this morning getting a mammogram," Vicki says, "and they were all just in shock at what Roger had gone through."

Dr. Hughes says she often apologizes to her male patients who may feel out of place with the pink color scheme in her office. But Roger always takes it in stride, she says.

"He has found humor in 'all the pink' that is associated with breast cancer," she says. "I think his wife helps with that, too. She accompanies him to every visit, and it's great to see how much they care about each other."

Roger knows how lucky he is, both because he was diagnosed in the cancer's early stages and because he had a partner push him to do what needed to be done.

"Without her, I don't know what condition I would be in," he says. "I won't let her leave, so she's trapped."

WATCH ROGER AND HIS WIFE SHARE HIS SHOCK AT BEING DIAGNOSED WITH BREAST CANCER AT SHINEONLINEHEALTH.COM.

WHO'S AT RISK FOR BREAST CANCER?

Several factors can increase the risk of breast cancer in men, including:

- Inherited mutations in specific genes, particularly BRCA1 and BRCA2
- Having a close family member with breast or ovarian cancer
- Previous radiation therapy directed to the chest area
- Exposure to medications containing estrogen, such as those used to treat prostate cancer
- Conditions such as cirrhosis that impair hormone metabolism, lowering androgen levels and raising estrogen levels
- Being overweight or obese, particularly in older men
- A sedentary lifestyle or lack of physical activity
- Having enlarged breast tissue
- Drinking alcohol, which is an additional controllable risk factor



CAN A DIET HELP YOU *get pregnant?*

Foods to eat — and what to avoid — to boost your fertility

IF YOU ARE trying to get pregnant, you may want to shake up your diet because certain foods can boost fertility, while others are best avoided.

"When trying to conceive, it's all about creating a healthy environment for when the egg and sperm meet," says **Arame Diouf, MD**, OB-GYN on the medical staff t Methodist Celina Medical Center. "Following a fertility-enhancing diet can help women achieve and maintain optimal health to provide a better chance for pregnancy."

Meals dense in nutrients and anti-inflamm tory ingredients are in, while processed foods are out.

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

1. EAT NUTRIENT DENSE FOODS

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

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

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

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

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



Think fatty fish like salmon



2. DIAL BACK INDULGENCES

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

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

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

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

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

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

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



3. TAKE YOUR VITAMINS

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

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

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

Another supplement to seek out is choline, which is found in cow's milk and other foods but is missing from many prenatal vitamins on the market. DHA is another nutrient to look for in your multivitamin, a fatty acid found naturally in fish.

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

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

"Iron requirements increase during pregnancy," Dr. Diouf says, "so taking additional iron supplements before pregnancy is a great way to prepare."

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

TAKE A VIDEO TOUR OF METHODIST CELINA'S NEW LABOR AND DELIVERY UNIT AND READ ABOUT ITS SUITE OF SERVICES.

'Blindsided' by breast cancer



It's common for breast cancer to have no noticeable symptoms in its early and most-treatable stages

CINDI WEBER WAS stunned last summer when she was diagnosed with breast cancer after a long-delayed mammogram at Methodist Southwest Medical Center.

"I had no symptoms at all," says Cindi, a 64-year-old property manager with no family history of the disease. "I was going in for a routine scan and expected to get in and get out. I was blindsided."

Now in remission, Cindi was impressed with the care she received at Methodist Southwest, especially the nurse navigators and doctors, and is glad to have the hospital in her own backyard.

"Everybody at Methodist was caring and kind and compassionate," Cindi says. "I cannot say enough good things about the level of care I received while I was a patient there."



85%

of women diagnosed with breast cancer **have no family history of the disease,** according to the National Breast Cancer Foundation

"MY PHYSICAL AND MENTAL STRENGTH WAS TESTED, BUT **MY FAITH KEPT ME STEADY, STRONG, AND CALM."**

— CINDI WEBER



COLD-CAPPING CAN HELP CHEMOTHERAPY PATIENTS LIKE CINDI KEEP MORE HAIR.

IN GOOD HANDS

In June 2025, Cindi had an appointment with her primary care physician, who had been encouraging her to get annual exams.

Life got in the way, and it had been a handful of years since Cindi had gotten screened for breast cancer. A mammogram at Methodist Southwest led to a diagnosis of Stage 1 invasive ductal carcinoma, which was raised to Stage 2 after further tests.

After the shock of the initial diagnosis, Cindi felt an even more unusual emotion in such a difficult sit tion: peace.

"The peace I had, even when the diagnosis came back, was something I had never experienced before," she says. "I knew God was in control of my life."

STAYING POSITIVE

Based on the type of tumor, Cindi's doctor **Lakshmi Kannan, MD**, oncologist on the medical staff t Methodist Southwest, recommended chemotherapy before surgery.

"We do that at times, depending on the size and type of the tumor, in an attempt to decrease [its size] to hopefully get the patient to an easier surgery," says **Danielle Jacobbe, DO**, breast surgeon on the medical staff t Methodist Southwest.

Cindi went through four rounds of chemotherapy and 33 rounds of radiation. She also had a lumpectomy, and her lymph nodes were removed, after doctors determined her cancer had spread there.

"Cindi had one of the most positive attitudes I've ever seen," Dr. Jacobbe says. "She was such a joy to take care of. It was really an inspiration to see her take every step in stride."

Cindi leaned on her strong faith and community to get her through the 10-month journey.

"My physical and mental strength was tested, but my faith kept me steady, strong, and calm," Cindi says.

A TIME FOR EVERYTHING

With cancer behind her, Cindi stays busy with her family, managing rental properties in southeast Dallas and Corsicana, and being involved in the Oak Cliff chu ch where her husband, Dan, serves as a pastor.

"Now, I know how valuable my time is," Cindi says. "I just know the value of time in a way I don't think I did before."

She's getting involved by helping friends who might be going through cancer scares of their own, while advocating for more cancer research.

"Now, I will be a more committed supporter of breast cancer research and funding because I know it really does make a difference," says Cindi. "We're very blessed to be on the receiving end of it."

WATCH CINDI TELL HER STORY AT SHINEONLINEHEALTH.COM.



REALTOR IS SOLD ON HER HOMETOWN HOSPITAL'S ER

When severe abdominal pain turned out to be appendicitis, she didn't have to travel far to get it checked out

STEPHANIE FRANKIEWICZ MISTOOK severe appendicitis for a bad case of indigestion, until a "just in the nick of time" trip to the ER of her hometown hospital.

"Yup, it's your appendix," the Realtor recalls the staff elling her at Methodist Midlothian Medical Center, "and we're taking you upstairs for surgery tomorrow."

Stephanie had the inflamed o gan removed using robotic-assisted surgery in February 2026. A lifelong resident of Midlothian, she raved about her experience in the expanding emergency department.

"I don't have enough nice things to say about the Methodist Midlothian ER," she says. "It's such a blessing to have this close by, so I don't have to go to another town to seek care."

ERRING ON THE SIDE OF CAUTION

Stephanie initially thought the pain directly behind her navel was caused by constipation or gas. But soreness in that spot can also be the fi st symptom of appendicitis.

Neglecting the signs of appendicitis is risky. Inflamm tion of the worm-shaped organ at the end of the large intestine can cause it to rupture in two to three days, radiating infectious bacteria throughout the abdominal cavity and leading to life-threatening complications.

As the inflamm tion worsens, the pain sharpens and shifts to McBurney's point, the spot on the lower right side of the abdomen where appendicitis causes maximum tenderness.

"We decided to err on the side of caution, and my daughter insisted on driving me to the ER," Stephanie recalls. "It was a very busy night, but they got to me very quickly."

EXPANDING ER CARE

Six years after opening in 2020, the emergency department at Methodist Midlothian is so busy that it's expanding through a $24.8 million project that will double the number of exam rooms to 32.

"I've worked here since day one, and it's busier every year, so we defini ely can use the extra space," says **Kelsey English, MD**, emergency medicine physician on the medical staff t Methodist Midlothian. "We tend to draw from Waxahachie and Venus and the whole Ellis County area."

The staff in the ER ook Stephanie's vital signs, plus urine and blood samples, and Dr. English gave her a morphine injection to ease the pain, then started her on antibiotics after a CT scan confirmed a diagnosis of appendicitis

"She had pretty rapidly progressing abdominal pain and a tender lower abdomen," Dr. English says. "Her case shows that if you experience something atypical and it continues to progress, you should get seen by the emergency department."

AN UNEXPECTED DISCOVERY

Stephanie's appendix was removed the following afternoon by **Jeremy Parcells, MD**, general surgeon on the medical staff t Methodist Midlothian. He had a robotic assist from the da Vinci Surgical System, which gives a surgeon greater precision and allows for quicker recoveries.

During the minimally invasive surgery, Dr. Parcells discovered that Stephanie also suffers from a hiatal hernia, an often undiagnosed condition where part of the stomach pushes through the diaphragm and can cause gastroesophageal reflux diseas .

"I've been suffering from GERD forever," says Stephanie, who plans to have Dr. Parcells repair the hernia next so she can discontinue her daily medication. "I take the highest dose of proton pump inhibitor for it every day."

Not long after her surgery, Stephanie was able to go out to lunch with her colleagues. She feels fortunate to have caught her condition before it got worse and won't think twice about visiting her hometown hospital again, whenever necessary.

"I learned to listen to my body," she refle ts. "Had I put it off another 4 hours, it could have ruptured and caused three months' worth of issues instead of an overnight stay in the hospital."

LEARN WHY YOU CAN TRUST THE LEVEL IV TRAUMA CENTER AT METHODIST MIDLOTHIAN WHEN EMERGENCIES CAN'T WAIT.



SUPPORTING GUT HEALTH

The appendix has a role in supporting gut health and immunity. While you can live without an appendix, there are things you can do to keep it healthy:

- Avoid high-sugar and processed foods, which can disrupt the balance of gut bacteria
- Drink water to promote digestion
- Eat fibe -rich food to encourage healthy bacteria
- Exercise regularly to support overall immune function and healthy digestion
- Manage stress, which can negatively affect gut health

BACK SURGERY GETS ACTIVE MOM BACK ON PICKLEBALL COURT

When even a sneeze caused her misery, this mother of two found a minimally invasive solution



A 30-minute procedure required only a tiny incision and **Kellianne was discharged the same day.**

IT WAS JUST a sneeze that brought Kellianne Hodges to her knees, aggravating a herniated disc in her back and sending her to the ER at Methodist Richardson Medical Center.

"I instantly knew something was wrong," says the mother of two from Rockwall. "For a while, everything revolved around the pain."

Now the 37-year-old advertising producer has resumed her active lifestyle, playing soccer with her kids and even returning to the pickleball court, with help from minimally invasive back surgery.

"I was in and out of the hospital the same day," says Kellianne, marveling at the outpatient procedure that ended years of pain. "And the staff t Methodist Richardson was lovely."

LIVING WITH THE PAIN

Kellianne quietly coped with lower back pain ever since the birth of her fi st child in 2017.

Physical therapy helped, and like many active people, she pushed through the discomfort and kept going. The pain became background noise.

"We're very active," she says. "I play pickleball regularly, and have two small children, so being in pain the rest of my life wasn't going to be an option."

By the summer of 2025, the pain had returned, and this time, physical therapy was no match. Her misery only got worse until the sneeze that would be her breaking point.

"I instantly knew something was wrong," says Kellianne, remembering the pain that jolted down her right leg and into her foot. "I couldn't function normally anymore."

TURNING TO SURGERY

The day that Kellianne visited Methodist Richardson, an MRI revealed a severely herniated disc between her L4 and L5 vertebrae, the two lowest bones in the lumbar spine.

"The disc material had traveled downward and was compressing the nerve in a very exact spot," says **Lauren Sand, MD**, neurosurgeon on the medical staff t Methodist Richardson. "That is excruciatingly painful."

Dr. Sand explained that surgery was Kellianne's best option.

NOT JUST OLDER ADULTS

A disc becomes herniated when the soft cushioning between the bones of the spine pushes outward and presses against nearby nerves.

The condition can cause severe back pain, numbness, tingling, and weakness that radiates down the leg, which patients often dismiss until the pain is debilitating.

While these issues are often associated with older adults, younger, active people can experience them, as well.

"My patient population is a little bit older than Kellianne," Dr. Sand says. "She's a very active person, too, so it is very possible that she had injured her back without knowing it."

Genetics can also play a role in back problems, Dr. Sand adds, with some families developing degenerative disc disease earlier in life.

"When I spoke to my dad, he told me he had a similar surgery around my age," Kellianne says.



LEFT: KELLIANNE WITH HER HUSBAND, GREG, AND CHILDREN, HENRY AND JOSIE. RIGHT: KELLIANNE ON A HIKE

"With that amount of compression of the nerve from the herniated disc," Dr. Sand says, "it was very clear that she was not going to get much better without surgical intervention."

The prospect of back surgery was overwhelming at fi st, but Dr. Sand walked Kellianne through the outpatient procedure and calmed her fears.

"She was so kind," Kellianne says. "I had 500 questions for her, and she graciously answered every single one of them."

IN AND OUT IN A DAY

Dr. Sand determined that Kellianne was a good candidate for a minimally invasive hemilaminectomy and discectomy.

This procedure relieves compressed nerves by removing only one side of the bony arch of a vertebra before treating the herniated disc with a microdiscectomy.

"I went to the ER on a Sunday, saw Dr. Sand on Tuesday, and I had surgery the following Thursday," Kellianne says. "She got me in really quickly."

Unlike traditional open surgeries, the 30-minute procedure required only a tiny incision, and she was discharged the same day. Kellianne remembers a nurse setting her mind at ease before she was rolled into the operating room.

"'I'm going to treat you like my daughter,'" she recalls the nurse saying. "Words like that just mean so much to a patient."

Dr. Sand removed a 4-centimeter herniation from Kellianne's spine — one of the largest she has seen. For Kellianne, the relief was almost immediate.

"The leg pain that had been constant for months was gone," she says, reliving the moment she woke up from surgery.

For Dr. Sand, those moments make the job special.

"It's a very rewarding feeling to see that I've made a difference," she says, "not just in their life, but in the lives of their friends and families, as well."

BACK IN ACTION

Recovery required plenty of patience for Kellianne. She took six weeks to heal, improving her strength and mobility through physical therapy.

Today, she is getting back to the life she loves, playing pickleball, lifting weights, and spending time with her family without the constant cloud of pain hanging over her.

From playing with her kids to just sleeping pain-free, Kellianne doesn't take simple things for granted anymore. She encourages anyone living with chronic pain to see their doctor.

"It doesn't have to be that way. There's treatment, there are options," she says. "I can tell from my own success that it is worth making the appointment and going to see what your options are."

WATCH KELLIANNE SHARE HER BACK SURGERY JOURNEY AT SHINEONLINEHEALTH.COM.

Why PCOS became PMOS

AND HOW DIABETES RISK CAN RISE WITH FERTILITY CHALLENGES

Researchers connect metabolic conditions to this "whole-body condition" that affects 1 in 8 women

FOR DECADES, MILLIONS of women struggling with fertility and irregular menstrual cycles had a common name for their affl tion: PCOS.

Now, doctors have renamed polycystic ovary syndrome, a condition that often begins in women's teen years with weight gain, irregular periods, excess facial hair, and fatigue.

"A name carries weight," says **Jennifer Teague, MD**, OB-GYN on the medical staff t Methodist Dallas Medical Center. "When people hear 'ovarian syndrome,' they may assume it's only about fertility or cysts."

The new name, polyendocrine metabolic ovarian syndrome, or PMOS, emphasizes a connection with metabolic conditions like diabetes and helps patients understand this is a "whole-body condition," Dr. Teague adds.

"The old name led people to think they needed cysts on their ovaries to have the condition," Dr. Teague says. "That may have contributed to delayed diagnosis and limited awareness."

Another important factor in the name change is the condition's connection to insulin resistance and metabolic disease, namely diabetes.

"Insulin resistance is present in 75% to 90% of people with PMOS," Dr. Teague explains. "Women with the condition are also twice as likely to develop type 2 diabetes."

That's why treatment today extends far beyond fertility concerns.

PMOS management involves improving metabolic health and lowering insulin resistance through nutrition and lifestyle changes, diabetes drugs, vitamin B8, GLP-1 medications, hormonal contraception, and even hormone therapy.

The earlier a doctor can diagnose PMOS (or rule it out), the better for women who are suffering from unexplained fatigue, irregular periods, or difficu y losing weight.

"The more we talk about PMOS," Dr. Teague says, "the more people will recognize themselves in the diagnosis and seek out care."

FROM FIRST-TIME MOMS TO HIGH-RISK PREGNANCIES, METHODIST DELIVERS FAMILY-CENTERED SUPPORT EVERY STEP OF THE WAY.





BACK ON COURSE

Vietnam veteran Tom Rider has returned to being a mainstay at his local golf course after abdominal pain and rapid weight loss led to a robotic-assisted surgery at Methodist Richardson Medical Center.

THE 85-YEAR-OLD FROM Denton has lived with kidney disease for years, so he suspected that was the culprit for his pain. His kidneys became an afterthought, however, when not one but two tumors in his digestive tract made surgery a necessity.

"At my age, I expect to have some health issues, but I sure didn't anticipate this issue to be as complex as it was," says Tom, a Navy and Army Reserves veteran who retired after 40 years working in insurance. "I tell people, if you have to get sick and need surgery, go to Methodist Richardson."

FEELING UNDER PAR

When Tom started losing weight and dropped to 139 pounds, he and his wife, Betty, assumed it was a kidney issue and reached out to his specialist near their Denton home.

"My hepatologist ordered X-rays to help diagnose my symptoms," he says. "Everyone was shocked when the imaging revealed a tumor in my duodenum."

The duodenum connects the stomach to the small intestine and helps turn partially digested food into nutrients. When tumors form here, they prevent proper digestion, starving Tom's body of the nutrients he needed.

THE LOCAL PRO

Not long afterward, Tom would meet **Rohan Jeyarajah, MD, FACS**, director of gastrointestinal services and program director of the hepatopancreaticobiliary surgery fellowship at Methodist Richardson.

"Within moments of our fi st visit with Dr. Jey, we knew that we had found the right surgeon," Tom recalls. "His competency in the complicated GI diagnosis was evident from the beginning."

Dr. Jeyarajah explained to Tom and his wife that removing the tumor surgically was the only option because of its location, blocking the stomach's output. Fortunately, the tumor was pre-cancerous, but removing it remained a priority.

"Tom needed what is called a Whipple procedure," Dr. Jeyarajah says. "We surgically remove the head of the pancreas, the gallbladder, the duodenum, the bile ducts, and part of the stomach."



OUT OF THE ROUGH

At the end of April 2025, Tom had a successful Whipple procedure with an unexpected result. During surgery, Dr. Jeyarajah found a second tumor that never showed on imaging and was able to remove it, as well.

Tom was able to go home about a week later and continues to thrive.

And for his part, Tom believes he chose the right place in Methodist Richardson to get those answers.

"I sure didn't anticipate this issue to be as complex as it was," says Tom. "Finding the right doctor was key. I can't speak highly enough about the care and the staff."

TRUST YOUR GUT TO METHODIST'S ADVANCED GI CARE. LEARN MORE AT METHODISTHEALTHSYSTEM.ORG/GASTROENTEROLOGY.

HER SECOND HIP REPLACEMENT WAS A *first*



Retiree from Waxahachie gets first robotic-assisted joint replacement at Methodist Midlothian

BARBARA MOSCROP HAS a matching set of hip joints after surgeries two years and 1,200 miles apart, but her robotic-assisted procedure at Methodist Midlothian Medical Center was unmatched.

"This experience was far better than the first hip," Barbara says, referring to her 2024 surgery in Las Vegas, where she taught elementary school for many years. "It was above and beyond anything I could have imagined."

That's partly because the Waxahachie retiree was the first patient at Methodist Midlothian to undergo a robotic-assisted joint replacement with the Mako SmartRobotics platform.

"I felt extremely lucky about that," the 73-year-old says. "I really credit that with the speed of my recovery."

Barbara also credits the orthopedics team at Methodist Midlothian for an unparalleled experience.

"The care I got was unbelievable," Barbara says. "Such attention. I can't say enough about the hospital."

NO SECOND THOUGHTS

Osteoarthritis had made Barbara's life miserable for years, starting with her left hip, which she had replaced while living in Nevada.

Shortly after that surgery, she moved to North Texas to be closer to her children and grandchildren after her retirement.

"Almost immediately after I had the fi st one done in 2024, I recognized the signs in my right hip," she says. "It was the little things, like tying my shoes or getting in and out of a car."

Hearing good things about Methodist Midlothian, Barbara sought out a meeting with **Edward Mairura, MD**, orthopedic surgeon on the medical staff t the hospital. She's glad she did.

"The minute I met him, I felt really comfortable with him," she says. "I felt a level of trust right away because he listened to me."

Barbara jumped at the chance when Dr. Mairura suggested she could benefit f om robotic technology that had just been added to the hospital's orthopedic toolbox.



"I'm pretty fearless," she says. "Once I make up my mind to trust the doctors, I give it over."

Barbara says that trust was well-placed.

MAKING SURGERY SECOND NATURE

Being the fi st Mako patient at Methodist Midlothian made Barbara a celebrity of sorts before her surgery in February 2026.

"I felt kind of like a movie star," she says. "Because I was the fi st one, there were a bunch of people watching. There were like 15 extra people in there."

Robotic platforms give orthopedic surgeons unprecedented precision by using preoperative CT scans to help guide the procedure.

"It helps customize the patient's surgery," Dr. Mairura says. "You're able to get a CT scan to personalize the implants based on the patient's anatomy. It's a pretty vital tool."

Feedback from the Mako's sensors also gives the surgeon controlling its robotic arm extra precision, dramatically decreasing the risk of cutting ligaments, nerves, or blood vessels.

Another major advance in hip replacements involves approaching the joint from the front, or anterior, instead of the posterior, leaving intact the largest muscle in the body: the gluteus maximus.

"Barbara is certainly ahead of the curve in her recovery," Dr. Mairura says. "She doesn't need physical therapy or any narcotic pain medications. The anterior approach does make a difference."

After one night in the hospital, Barbara was back on her feet and headed home to Waxahachie.

CATCHING HER SECOND WIND

The difference between her recovery from the fi st surgery and the second was like night and day, Barbara says.

"Get through the fi st week, and you'll be golden," she advises others in her situation. "After fi e days, I was able to get away from my walker. It was incredible!"

Now the proud grandmother keeps busy taking care of her grandkids, and she's finally onfide t enough to drive again and even consider a walk in the woods, something she hasn't been able to do for years.

"It's been a long time since I've felt confide t enough to go for a hike," she says. "It's coming back so quickly, and I'm not afraid anymore."

WATCH BARBARA SHARE HER HIP REPLACEMENT STORY AT SHINEONLINEHEALTH.COM.

"THE CARE I GOT WAS UNBELIEVABLE. I CAN'T SAY ENOUGH ABOUT THE HOSPITAL."

— BARBARA MOSCROP



BARBARA MOVED TO NORTH TEXAS TO BE CLOSER TO HER GRANDDAUGHTER, AMILA, AND HER GRANDSON, AMIR.

RETURNING TO PILATES AFTER *lifesaving surgery*

When a hernia turned life-threatening, this 'tough lady' recovered quickly with help from her faith and fitness routine

NOTHING CAN STAND between Debbi Rust and her regular Pilates class for long, not even a life-threatening hernia that cut off the blood supply o most of her digestive tract.

The 71-year-old from Waxahachie wound up in the ICU at Methodist Mansfield Medical enter after a trip to the emergency room ended in a 17-day stay.

"Every person who took care of me was just so loving and attentive," Debbi says. "I can't say enough good things about the nursing staff and the do tors."

Those doctors and nurses marveled at this "tough lady" whose physical fitne s played a major role in her recovery. Debbi, however, credits her faith and all the care and support she received.

"All the doctors said I was a miracle," Debbi says. "It's just been very eye-opening to me and very humbling to hear of all the people who were praying for me."

'VERY TOUGH LADY'

Hours before her trip to the ER, Debbi had been doing her routine Monday morning devotional when she was knocked off her eet by severe abdominal cramps.

"I went and lay down for a little bit, thinking that they would probably just pass," she says. "And they just kept getting more intense."

When her husband of 50 years, Joe, asked if he should drive her to the emergency room, Debbi realized her condition was more urgent.

"I said, 'No. I think you need to call 911,'" she recalls.

After an ambulance ride to the ER, a CT scan showed a small obstruction in Debbi's bowel, says **Joshua Trussell, MD**, general surgeon on the medical staff t Methodist Mansfield

Debbi would need emergency surgery but hardly behaved like the critically ill patient she was when she scooted from a stretcher onto the operating table all by herself.

"I've got people with simple appendicitis who won't do that," he says. "I think she's just a very tough lady. Not everybody expresses pain the same."

SAVING EVERY CENTIMETER

During surgery, Dr. Trussell discovered a small band of scar tissue had created an internal hernia, and much of Debbi's small intestine had twisted through the opening.

He released the band constricting Debbi's intestine, allowing the blood to fl w again, but the damage was done. It wasn't immediately clear how much of her intestine could recover.

Removing all the damaged tissue could leave Debbi without enough small intestine to adequately absorb nutrients. Instead, the surgical team gave potentially viable areas time to recover while removing tissue that could not be saved.

"Every centimeter counts when you're down to less than you need," Dr. Trussell says.

Over the following days, Dr. Trussell returned to the operating room multiple times, preserving about 100 centimeters of small intestine and Debbi's ileocecal valve, which helps the body absorb nutrients and fluids

Debbi remembers little about those critical days. She was placed on a ventilator while her husband, three children, and dozens of loved ones waited and prayed.

"If someone was at the foot of my bed, I would just say, the best I could, 'Please pray for me. Please pray for me,'" she says.

BACK ON HER FEET

After her final su gery, Debbi began waking up and talking with her family. Soon, she was walking the halls of Methodist Mansfield s Neuro Critical Care Unit, where some staff membe s were stunned to see her on her feet so soon.





“I’d turn around, and it would be a nurse I didn’t recognize,” Debbi says. “She said, ‘I was here when they brought you in. I can’t believe here you are walking.’”

After 17 days in the hospital, Debbi was strong enough to go home without needing inpatient rehabilitation.

Both she and Dr. Trussell credit her health before the emergency with helping her recover. Debbi had no significa t medical history and regularly practiced high-intensity Pilates.

“An unhealthy person with a lot of medical issues may not have survived this,” Dr. Trussell says. “A lot of this is credit to her being in such good shape.”

Debbi praises the doctors and nurses who cared for her, remembering not only the lifesaving treatment but the small gestures that helped her through it. As for her own physical fitne s, she puts the credit elsewhere.

“I’ve had people tell me that just how I’ve taken care of myself over the last 30-something years, probably God was preparing me for this,” she says.

LISTEN TO YOUR BODY

With only about 100 centimeters of small intestine remaining, Debbi relies partially on IV nutrition to supplement what her body can absorb through food.

“She’s done better than expected with the amount of bowel she has,” Dr. Trussell says.

During the day, Debbi eats and hydrates on her own, keeps a food journal and slowly experiments with what her body can tolerate. She’s even made it back to Pilates, returning months earlier than she originally expected.

“As women, I think a lot of us are strong. We’re tough,” she says. “But there was something different about that day, about that pain, and I finally li tened to my body.”

Debbi hopes her story encourages others, particularly women accustomed to pushing through aches and pains, to listen when their body tells them something isn’t right. Surviving her worst days has also changed the way she treasures the ordinary days that followed.

“Sometimes I feel like the greatest miracle isn’t simply that I survived this whole thing,” Debbi says. “It’s that I’ve learned to cherish the life that I’ve been given.”

THE GI SPECIALISTS AT METHODIST MANSFIELD HAVE THE ADVANCED TOOLS TO TREAT A RANGE OF DIGESTIVE CONDITIONS. LEARN MORE AT METHODISTHEALTHSYSTEM.ORG.

Principal who's got game survives

NEAR-FATAL HEART ATTACK



Sharron Jackson spent a career schooling eighth-graders — on the basketball court and in the classroom — so she never expected a heart attack to teach her a lesson.

Little did Sharron know her own mother had survived two heart attacks, the first at age 30. The experience has given this longtime Oak Cliff principal a new purpose: talking openly about heart disease, especially to Black women, who often carry family histories that go undiscussed.

Like those her family lost to heart disease, Sharron suffered a "widow maker" heart attack, which stopped her heart for 10 to 15 minutes.

"I'm in good shape. I play basketball. I'm not overweight," the 58-year-old says. "I didn't think it could happen to me."

Thanks to the quick actions of the paramedics and the team at Methodist Southwest Medical Center, she's here to tell the story.

"There wasn't a day I didn't feel cared for at Methodist Southwest," she says. "It felt like family."

A JUMP BALL

On a Friday in February 2024, Sharron was doing what she always did with her students: playing pickup basketball for pencils. That day, the former college basketball player collected three pencils, meaning she'd beaten three students to 10.

The next day, she was making dinner when her chest started to hurt. She told her husband, Greg, she needed to go to the doctor. As he walked toward the door, another wave of pain hit, sharper this time.

"I thought, that's weird," Sharron recalls. "And then it hit me. Bam!"

She didn't wait. She called 911 herself.

FULL-COURT PRESS

What she remembers next comes in fragments: paramedics working over her in the driveway, the ride to Methodist Southwest, doors swinging open, someone calling for the pads.

"I remember someone telling the young man next to me to keep going, keep going," she says. "That voice was so reassuring, I just let my shoulders relax."

Then a jolt: Sharron described a sensation like an orange ball rolling from her feet to her head, and her body lifting slightly off the table.

She had gone into cardiac arrest. Sharron's widow maker heart attack was caused by a complete blockage of the left anterior descending artery, the vessel that supplies blood to a large portion of the heart. Left untreated, it's fatal more than 90% of the time.

"She had a massive heart attack based on her initial electrocardiogram," says **Abdul Rashid, MD**, an interventional cardiologist on the medical staff at Methodist Southwest. "As soon as I saw her EKG, we activated the cath lab to open up that blood vessel."

“WHEN PEOPLE ASK ABOUT MY HEART ATTACK, I TELL THEM TWO THINGS. ONE: METHODIST SOUTHWEST IS THE TEAM YOU WANT IN YOUR CORNER. TWO: WATCH WHAT YOU EAT AND DON’T WAIT TO GET CHECKED OUT.”

— SHARRON JACKSON



SHARRON JACKSON SPEAKS AT A DALLAS ISD EVENT. SHARRON RETIRED AS PRINCIPAL OF O.W. HOLMES ACADEMY, NOW JOHN LEWIS SOCIAL JUSTICE ACADEMY.

WATCHING THE SHOT CLOCK

In the cath lab, imaging confirmed wh t the EKG had suggested: Sharron’s artery was completely blocked, while the rest of her heart’s vessels looked healthy. Her care team placed two stents to restore blood fl w, a race that, Dr. Rashid says, is measured in minutes, not hours.

“If you open the artery quickly, there’s minimal damage to the heart muscle,” Dr. Rashid explains. “Patients can be functional within days.”

The sooner the blockage opens, he adds, the better the odds of a full recovery. And the sooner the symptoms are identified, the better.

“For women, the warning signs aren’t always textbook,” Dr. Rashid explains. “Instead of the classic radiating chest pain, women may feel discomfort between the shoulder blades, in the upper stomach, or in one shoulder, vague enough to explain away, urgent enough to matter.”

Sharron believes she had been feeling those signs for months without recognizing them: a squeezing sensation across her back, right along her bra strap, that would come and go.

“I had no idea those could have been mini heart attacks,” she says. “As a principal, the one thing we’re guilty of is not taking care of ourselves.”

ON THE REBOUND

Sharron spent about a week at Methodist Southwest, followed by cardiac and nutrition rehabilitation. What stayed with her wasn’t just the medicine; it was how she was treated.

“The nurses in cardiac rehab treated me like they’d known me my whole life,” she says. “They celebrated every milestone with me, even the small ones.”

Sharron’s heart attack forced a hard look at her family tree. Aside from her mother’s close calls, several of her aunts and uncles died of heart disease.

“I talk about it now, with my kids, my nieces, anyone who tells me they’re not overweight, so they’re fin ,” she says.

DEFENSE WINS GAMES

Sharron has traded the principal’s office for a role as chief of staff o a Dallas City Council member, mentoring student interns and staying rooted in the same neighborhood where she grew up.

She’s not quite ready to get back into a full pickup game of basketball, she admits, but she can’t resist taking a shot when the ball rolls her way.

In the meantime, Sharron has found a new platform for an old calling: teaching people to protect their hearts at community meetings, homeowners’ association gatherings, and Dallas City Hall.

“When people ask about my heart attack, I tell them two things,” she says. “One: Methodist Southwest is the team you want in your corner. Two: Watch what you eat and don’t wait to get checked out.”

WATCH SHARRON HOOP IT UP AND SHARE HER STORY AT SHINEONLINEHEALTH.COM.

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