

SHINE

NEW KIDNEY
GIVES MOM
A SECOND
CHANCE — **AND
A SECOND CHILD**

6 SURPRISING
BENEFITS
**OF WEIGHT-
LOSS SURGERY**



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James C. Scoggin Jr.
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Methodist Health System

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Methodist Health System

Renee Yan
Communications Coordinator, Methodist Health System

Arnita Nolak
Public Relations Coordinator and Videographer,
Methodist Health System

Sederick Oliver
Public Relations Specialist, Methodist Health System

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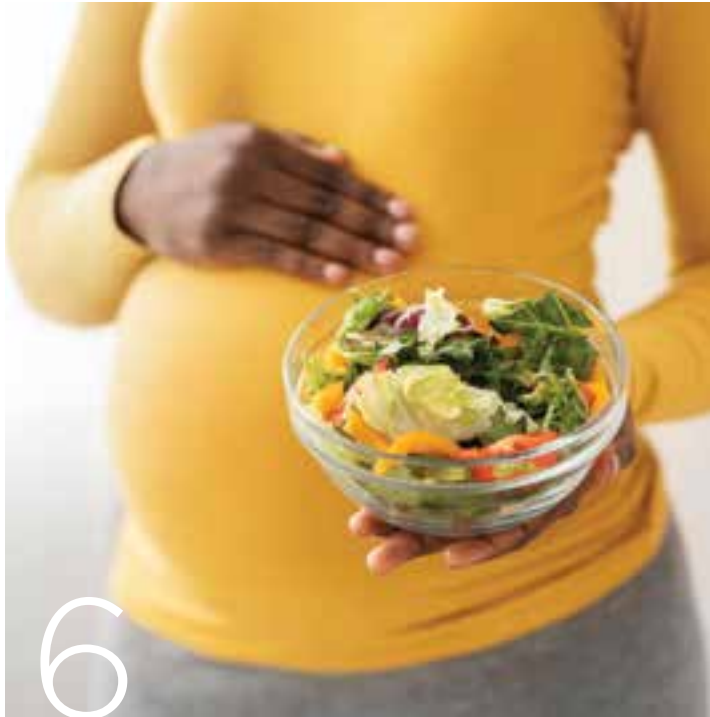
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NEW KIDNEY GIVES MOM
**A SECOND CHANCE —
AND A SECOND CHILD**

A lifesaving transplant brought a local woman to Methodist Dallas Medical Center, so it was only fitting that she would return three years later to bring a new life into the world

During the summer of 2023, Luz Villagomez welcomed her second daughter, her first child since Luz had a kidney transplant in 2020.

“I don’t like being in the hospital, but I’d go back to Methodist Dallas any day,” she says.

For the team of specialists in charge of her care, it was a chance to help someone in a unique situation. Making sure both Mom and baby Ella were healthy was their top priority, says **Theresa Patton, MD, OB-GYN** on the hospital’s medical staff.

“Outside of my residency,” Dr. Patton says, “Luz is probably my only patient who has had a transplant and gotten pregnant in my more than 20 years of practice.”

ALL IN THE FAMILY

Luz began experiencing kidney problems in 2012, right before she welcomed her first child, Emma. But things took a turn for the worse in 2018 when her kidney disease required her to go on dialysis.

The high concentration of proteins found in her urine was a major red flag for disease, explains **Richard Dickerman, MD, FACS**, surgical director of the kidney and pancreas transplant program at Methodist Dallas.

“It was showing us her kidney filtering system was breaking down,” he says. “When you start leaking protein into urine, the functional part of the kidney is damaged. And that leads to kidney failure.”

Luz needed a transplant, and luckily, she found the perfect match in her sister, Claudia Tenorio. Dr. Dickerman successfully performed the transplant in 2020 after Claudia’s donor kidney was removed by **Alejandro Mejia, MD, FACS**, executive director of organ transplantation at the hospital.

It wasn’t long before Luz began thinking of having another child. However, she was concerned about the stress that pregnancy would place on her new kidney.

“My sister gave me this second chance to see my daughter grow up and for us to enjoy life together,” she says. “I was afraid having a baby would hurt the kidney, or that the baby wouldn’t make it to term. It was a very scary time, but Claudia kept encouraging me.”

Drs. Patton and Dickerman, who cared for Luz during this time, were also reassuring.

“Pregnancy after a transplant is much more common than it used to be,” Dr. Dickerman adds. “Medicine that prevents organ rejection does not affect the fetus. As time goes by, we’re more liberal with what we tell transplant patients about having a baby.”

Following her doctor’s recommendation, Luz waited a while before getting pregnant in late 2022.

Claudia Tenorio (right) donated a kidney to her sister Luz in 2020.



WELCOMING ELLA HOME

Luz’s first two trimesters went smoothly, but during the third, doctors grew concerned about her elevated liver enzymes and blood pressure. Their diligence and cautious care paid off, and both Luz and her baby were well enough for doctors to induce labor at 30 weeks.

So on July 25, 2023, little Ella was born, weighing 5 pounds, 2.5 ounces. After five days in the neonatal intensive care unit at Methodist Dallas, she was welcomed home. Months later, Luz reports that both she and her daughter are doing well.

She says she was touched by the top-notch care she received at Methodist Dallas during her times of need.

“Nurses were there any time I needed something,” she says. “If I had a question for the doctors, a doctor was there. It was like I was part of the family. I knew them, and they knew me.”

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



NURSES WERE THERE ANY TIME I NEEDED SOMETHING. IF I HAD A QUESTION FOR THE DOCTORS, A DOCTOR WAS THERE. **IT WAS LIKE I WAS PART OF THE FAMILY.** I KNEW THEM, AND THEY KNEW ME.

— LUZ VILLAGOMEZ

WHAT YOU EAT CAN GIVE BABY'S BRAIN A BOOST



Two vital nutrients are critical to a baby's cognitive development

MOST WOMEN UNDERSTAND that eating a balanced diet becomes twice as important during pregnancy because they're eating for two, but when it comes to a baby's brain development, two nutrients are especially important: folate and choline.

Getting enough of both depends on eating a "rainbow of nutrients," says **Bhavisha Bhakta, DO**, OB/GYN on the medical staff at Methodist Mansfield Medical Center, whether you adopt the tried-and-true Mediterranean diet or another meal plan filled with vibrant fruits and vegetables, whole grains, lean meat and seafood, beans and legumes, and healthy fats.

"Think of it as painting a beautiful picture with every meal, where each color adds a stroke of health and joy," she says.

Let's explore the broad strokes of prenatal nutrition, according to Dr. Bhakta, including healthy diets to consider and what foods to avoid.

FOLATE AND FOLIC ACID

Folic acid is the synthetic form of folate, an essential nutrient that can be found in leafy greens like spinach and lettuce, as well as in asparagus, avocados, and Brussels sprouts.

Otherwise known as vitamin B9, folate plays a critical role in cell growth, so it's no wonder it's so important to baby's development. Low folate levels have been linked to birth abnormalities, most notably neural tube defects.

OB-GYNs like Dr. Bhakta recommend pregnant women get at least 400 micrograms of vitamin B9 daily. And it's better to consume it in your diet rather than in a supplement or through processed food.

WHY CHOLINE IS CRITICAL

Unlike vitamin B9, most people don't get enough choline in their diets: 425 milligrams for women (500 mg for men), 450 for pregnant women, and 600 mg for breastfeeding women.

"Choline also plays an important role in brain development," Dr. Bhakta says.

Found in milk, soy products, egg yolks, chicken, fish, peanuts, and vegetables like broccoli and cauliflower, choline is essential to brain health for both mother and baby.

"Incorporate omega-3-rich foods like salmon, eggs, flaxseed, and walnuts to help build a brilliant little star," Dr. Bhakta advises.

Our livers create a small amount of choline, but more is necessary to accomplish its many tasks, from clearing cholesterol from the liver to producing acetylcholine, a neurotransmitter that helps regulate memory, mood, and muscle movement.

WHICH FOODS TO AVOID

Food aversions and cravings are a natural part of pregnancy, but Dr. Bhakta warns there are some foods and drinks that are better off avoided.

Most women know to avoid alcohol during pregnancy, but unpasteurized milks, cheeses, and undercooked meats are just as risky. So, too, are energy drinks and other highly caffeinated beverages, Dr. Bhakta says.

"Energy drinks have a very high content of caffeine and sugar," she says, considering a single bottle can contain more than 500 milligrams (mg), well over twice the 200mg maximum daily recommended allowance for women who are pregnant or hoping to become pregnant.

Instead, Dr. Bhakta recommends protein shakes and hydrating herbal teas, along with fresh fruit and vegetable smoothies that are rich in vital nutrients — what she calls "liquid sunshine."

Giving in to cravings is OK within reason, Dr. Bhakta says, so long as you keep in mind who's sharing the junk food and all those midnight snacks.

"Your body is conducting a harmonious orchestra," she says. "Take heed of its rhythms and occasionally indulge, but remember, your little one has their own nourishing rhythm."

Learn more about which foods can boost fertility and which to avoid at ShineOnlineHealth.com.





HEARING-AID SPECIALIST WHOSE HEART STOPPED PRAISES **‘GUARDIAN ANGELS’**

When he suffered a heart attack at work, this hearing specialist was fortunate to have a co-worker who knew CPR and access to a well-trained cardiac team



I'M THANKFUL
FOR THE
ENTIRE TEAM
AT METHODIST
CHARLTON AND THE
REHAB HOSPITAL.
**THEY'RE THE ONES
WHO HELPED ME PUT
ONE FOOT IN FRONT
OF THE OTHER.**

— MICHAEL YOUNG



Michael's co-worker, Joy Washington, knew CPR, and she performed the lifesaving treatment until paramedics arrived and took over.

Michael Young had no warning or history of heart problems when he suffered a cardiac arrest at his Cedar Hill hearing aid office a year ago.

"My heart completely stopped for 30 minutes," says Michael, who would need an advanced pacemaker and defibrillator to correct his irregular heartbeat. "This was out of the blue."

But the 64-year-old survived thanks to a colleague who knew CPR and the cardiology team at Methodist Charlton Medical Center.

"The staff was excellent," he says. "They were like my guardian angels."

At the time, however, the odds for a full recovery seemed stacked against this "miracle man," as Michael came to be known by patients and staff on several floors at Methodist Charlton.

CPR SAVES LIVES

On the day his heart stopped, Michael was joking around with his co-workers at the hearing aid center.

"They said I just fell out and started changing colors," he says of that day shortly before New Year's in 2022. "After that, I was out of it until Jan. 4."

Fortunately, his co-worker Joy Washington knew CPR, and she performed the lifesaving treatment until paramedics arrived and took over.

"That immediate care kept the blood flowing to my brain," Michael says. "That CPR saved my life."

But Michael would need more guardian angels once the ambulance delivered him to Methodist Charlton, including a familiar face at his bedside.

'PRESSURE WAS ON'

When Michael's wife, Tina, arrived at the hospital, a chaplain escorted her upstairs and told her that her husband was alive but his condition was grave.

"This guy is strong," she remembers the chaplain saying, "but he's fighting for his life."

Tina's mother had heart problems, including bypass surgery in 2015, so she remained calm, trusting in the staff at Methodist Charlton. That faith was quickly reinforced when she saw who would be leading her husband's care.

"Would you believe the same doctor who cared for my mother's heart for so many years walked out?" she says, recounting the moment she saw Michael's physician.

William Posligua, MD, cardiologist on the medical staff at Methodist Charlton, recognized Tina as well, and he soon realized the stakes of living up to her expectations.

"These hands fixed my mother's heart," she told Dr. Posligua. "Now they've got another project: to fix my husband."

Tina's relief inspired some anxiety on the doctor's part.

"The pressure was on because yes, I helped her mom," Dr. Posligua recalls. "But Michael was brutally sick. Even so, I knew we could not fail her."

ELECTRICAL ISSUE

Michael's heart condition was different from many of the patients that Dr. Posligua treats because his arteries were not blocked.

"The condition we detected was an electrical issue rather than a plumbing issue," he says.

He did not require any stents or open-heart surgery. Instead, Michael had severe heart failure as a result of a left bundle branch block, a disruption in the heart's electrical pathways that causes the left ventricle to contract later than it should.

"Over time, that weakened the heart muscle because it was out of sync," Dr. Posligua says.

An advanced pacemaker could resynchronize Michael's heart, but stabilizing him would come first, and that would require temporarily implanting an Impella CP® heart pump. Placed through his femoral artery into the left side of his heart, the pump would support his heart through the initial days of his hospitalization and help him recover from cardiogenic shock and respiratory failure.

"It's really a miracle," Dr. Posligua says. "We were just a part of this, but he really survived where most people in his condition wouldn't have. Kudos to whomever performed CPR because that helped him a lot."

BACK TO NORMAL

Michael also suffered kidney failure, a common complication for patients whose hearts stop and deprive their organs of blood. Once again, Tina knew her husband was in the right hands.

"The same young lady who worked on his kidneys was also my mother's doctor," she says of **Lisa Sebastian, MD**, nephrologist on the medical staff at Methodist Charlton.

A third doctor — **David Levine, MD**, electrophysiologist on the medical staff at Methodist Charlton — would implant Michael's biventricular ICD, a small battery-operated device that combines a pacemaker to resynchronize the patient's heartbeat and a defibrillator that keeps the heart from beating too fast.

Now, after a few months of cardiac rehabilitation, Michael is back at work as a state-licensed hearing instrument specialist, helping patients of his own.

He and his wife credit his recovery to all of his guardian angels, from his co-worker Joy to his doctors and nurses to the rehabilitation staff who helped him walk out of the hospital on his own.

"I'm thankful for the entire team at Methodist Charlton and the rehab hospital," he says. "They're the ones who helped me put one foot in front of the other."

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



Michael and his wife, Tina

Weight loss may be the primary motivation for bariatric surgery, but it's only the beginning of the potentially life-changing health benefits

6

BENEFITS OF WEIGHT-LOSS SURGERY

BEYOND SHEDDING POUNDS



From diabetes to heart disease, weight-loss surgery can help correct a host of chronic conditions — and these metabolic effects often show up long before a patient sheds a pound.

“Blood pressure, sleep apnea, and high cholesterol are all resolved faster than the weight,” says **Aaron B. Hoffman, MD, FACS**, bariatric surgeon on the medical staff at Methodist Dallas Medical Center. “Although the weight takes a little time to come off after the surgery, the metabolic effects start right away.”

Here are six additional benefits of weight loss surgery:

1. IMPROVING HEART HEALTH

Being overweight or obese can cause heart disease and other cardiovascular conditions such as hypertension, dyslipidemia, and inflammation.

A 2021 study found that bariatric surgery patients with obesity and cardiovascular disease experienced 38% fewer cardiovascular events than those with similar conditions who didn't have the surgery.

“For patients who already have established heart disease or

had a heart attack or stroke, the surgeon and the patient need to understand the risks and benefits of undertaking any surgery,” Dr. Hoffman says. “However, in most cases, patients do better with surgery, and the literature supports the intervention to extend their life.”

In many cases, blood pressure and cholesterol levels return to normal shortly after surgery, and the weight loss reduces a patient's risk of coronary and peripheral heart disease, as well as that of death from stroke and heart attack.

2. RESOLVING TYPE 2 DIABETES

For those with type 2 diabetes, weight-loss surgery presents the opportunity for long-term remission. Patients in remission can live insulin-free for at least three years after surgery.

“If a patient is fortunate enough to have their type 2 diabetes resolved after surgery, it's important that they lead a healthy lifestyle, maintain a low glycemic diet, and exercise with the weight loss,” Dr. Hoffman says.

A 2015 study found that **1 in 3 patients experienced a decrease in depression** at the time of weight-loss surgery, while **1 in 6 felt less depressed six to 12 months after surgery.**

3. RELIEVING DEPRESSION

While the physical effects of weight-loss surgery are well-known, the psychological implications often are overlooked. Obesity is often associated with sadness and anxiety, with 43% of obese adults struggling with depression.

“Many patients report that improved happiness and self-esteem accompany the ability to simply do things they haven’t been able to do in a long time, like tie their shoes or play with their grandchildren,” Dr. Hoffman says.

Bariatric surgery can even eliminate the need for anti-depression medications, Dr. Hoffman adds.

4. ELIMINATING SLEEP APNEA

The risks of developing sleep apnea are much higher for patients with obesity because excess body fat interferes with breathing. The effects include reducing the size of the airway, lowering lung capacity, and making the throat more likely to collapse while a person sleeps.

“Prior to bariatric surgery, we screen patients for sleep apnea, which can affect stress levels and quality of sleep,” Dr. Hoffman says.

After weight-loss surgery, some patients no longer need their CPAP machines, the continuous positive airway pressure devices that keep breathing airways open while they sleep.

“If we can improve sleep apnea by decreasing the thickness of the patient’s neck with weight loss, as well as the tissues inside their throat, patients can not only come off the nighttime breathing machines but have a better-quality sleep,” Dr. Hoffman says.

5. ALLEVIATING ARTHRITIS

For patients with arthritis, shedding excess weight reduces joint pain and other arthritis-related symptoms.

Osteoarthritis occurs when repetitive motion damages tendons, ligaments, and the cartilage that connects and pads the ends of our bones. And when there’s extra weight on those joints, that damage is compounded.

But that’s just one way extra weight contributes to arthritis. Because fat is chemically active, it’s constantly releasing proteins that inflame other tissue. In short, gaining weight can cause inflammation that spreads to other parts of the body, including the hands.

What’s more, losing weight after surgery helps patients improve their mobility, enabling them to exercise to maintain and manage their weight loss.



6. IMPROVING FERTILITY

More than 80% of bariatric patients are women, and more than half are in their reproductive years. Weight loss can improve fertility and protect women and their babies from obesity-related risks during pregnancy, such as:

- Gestational diabetes
- Preeclampsia
- Premature birth
- Stillbirth

“Women who have struggled to become pregnant become more fertile after weight-loss surgery because their hormones become more supportive for sexual health,” Dr. Hoffman says. “Patients with PCOS, polycystic ovarian syndrome, find that the condition improves as well.”

SUPPORT AFTER SURGERY

Just as health benefits don’t end with weight loss, the care and support patients receive do not end after the surgery is over.

“We’re there for you in the long term to make sure that you’re successful,” says Dr. Hoffman, noting the importance the bariatric team at Methodist Dallas puts on follow-up appointments.

And there’s another benefit Dr. Hoffman cites in the time and money saved for patients who can shed chronic conditions and medications — along with the weight they lose.

“The overall quality of life improves when patients spend less time at the doctor’s office and take fewer medications, which can provide long-term cost savings,” he says.

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





A SHINING EXAMPLE OF **STROKE AWARENESS**

Survivor's husband recognized symptoms from reading this magazine

Susan Fellers survived a stroke last spring thanks to the quick thinking of her well-read husband, Don, and the staff at Methodist Richardson Medical Center — along with a good dog named Rowdie.

Taking a cue from an agitated Rowdie, Don called 911, and paramedics rushed Susan to the nearest comprehensive stroke center minutes away at Methodist Richardson.

“If my husband hadn’t known the signs of stroke and acted so quickly, there is no way I would have recovered so well,” says Susan.

Don, 62, credits his quick reaction that night — after Rowdie alerted him, of course — to reading a recent edition of *Shine* magazine, in which he learned the acronym BE FAST to spot the telltale signs of a stroke.

“Looking back, I’m convinced I recognized the signs of a stroke because of a story I had read in *Shine* magazine just a few months prior,” Don says. “Knowing how to identify a stroke helped me act quickly.”

Even before that moment, however, a chain of events put the couple in the right place, with the right staff, at the right time for Susan to make a full recovery.

“For stroke patients, time is crucial,” explains **Frederic Nguyen, MD**, neurologist on the medical staff at Methodist Richardson, who was on call when Susan arrived.

FALSE LABOR, REAL STROKE

In March, Susan and Don, longtime owners of an ad agency, were eagerly awaiting the birth of their second granddaughter when they got a false alarm.

“Our oldest daughter called us one evening saying she was in labor and needed Susan to watch our first granddaughter,” Don says. “Hours later, she called again and said that it was false labor and they were heading home.”

Don picked up Susan from their daughter’s home and on their way to their Richardson home, they decided to get a bite to eat. If not for that pit stop, Susan might have been alone in bed when her stroke happened.

“On a normal night, Don would read in his office for a few hours after dinner before going to bed,” Susan says. “Because we had been out so late that night we got ready for bed at the same time, which wound up being a crucial factor in what happened next.”

Thankfully, Rowdie was on alert, and he had some stroke-savvy backup.

STROKE TEAM WORKS QUICKLY

When Don came into their bedroom, he noticed that Rowdie was acting unusual. Instead of sleeping on the bed, she was sitting rigidly on Don’s pillow, staring at Susan.

“I chuckled and asked, ‘What happened to Rowdie?’ but Susan didn’t reply so I repeated the question,” Don says. “It was then I noticed she was looking down, had one arm hanging loosely at her side, and she still wasn’t responding.”

Don called 911 and explained his wife was likely having a stroke. Emergency medical services arrived four minutes later and took Susan to Methodist Richardson.

The stroke team at Methodist Richardson was ready and

waiting for Susan’s arrival minutes later thanks to an alert from paramedics that they were en route.

“Our highly specialized, multidisciplinary stroke team is trained to provide a rapid response to all incoming stroke patients,” Dr. Nguyen says. “Within minutes of arriving, the patient is undergoing advanced diagnostic procedures to determine which stroke treatment is most appropriate.”

REMARKABLE RECOVERY

Tests showed Susan was experiencing the most common type of stroke, ischemic, which occurs when the blood supply to part of the brain is blocked or significantly reduced.

Susan was quickly given an IV drug known as tPA, or tissue plasminogen activator, which breaks up a blood clot and restores blood flow to the brain. A CT angiogram also revealed a large clot in the middle cerebral artery, the largest, on the left side of her brain. It was clear Susan would require further advanced stroke treatment.

Moungnyan Cox, MD, neuro-interventional radiologist on the medical staff at Methodist Richardson, performed a mechanical thrombectomy, a minimally invasive technique that removes blood clots using a catheter inserted into a blood vessel to grab and remove the blood clot.

A week later, Susan came home from hospital, just in time for her second granddaughter’s birth seven days later. She and Dr. Nguyen credit Susan’s recovery to the fast work of the team at Methodist Richardson and the savvy response of her well-read husband.

“Susan’s remarkable recovery is largely due to how quickly she received medical care from a specialized, fast-acting stroke team at a comprehensive stroke center,” he says.



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



A RECIPE FOR RESILIENCE: FIGHTING HUNGER, CANCER, AND INFECTION

A social services hero in Ellis County turned to Methodist Midlothian Medical Center when her chemotherapy for breast cancer triggered diverticulitis

In the United States, about **200,000 people** are hospitalized for **diverticulitis** each year according to the National Institute of Diabetes and Digestive and Kidney Diseases.



Families in need have depended on Sissy Franklin for decades as the director of Mannahouse, the Ellis County food pantry and social services organization. But last year, Sissy found herself in a crisis of her own.

"All I heard was, 'You have cancer,'" she recalls from a follow-up call after a diagnostic mammogram and biopsy confirmed she had stage I breast cancer. But a digestive infection that can affect chemotherapy patients would complicate her breast cancer battle and eventually lead her to seek help at Methodist Midlothian.

"The quality of care that I got from Methodist Midlothian was second to none," she says. "That hospital is a step above; it's just a different world."

CARE CLOSE TO HOME

A screening mammogram led to the identification of Sissy's lump in November 2022 — more evidence that early detection saves lives. After a lumpectomy in January, she was referred to the Methodist Midlothian campus for chemotherapy.

"I live in Midlothian, and they wanted to keep my treatment as close to home as they could," Sissy says.

But shortly after her treatment began, Sissy started suffering chills, a fever, nausea, and intense pain — all of which she initially attributed to the chemotherapy.

"I was throwing up everything, and the pain was unbelievable," she says.

Her daughter, whom Sissy describes as her rock throughout her breast cancer journey, brought her to the emergency department at Methodist Midlothian.





There, she underwent blood cultures and other laboratory tests under the care of **Kelsey English, MD**, emergency medicine physician on the hospital's medical staff.

DIAGNOSIS: DIVERTICULITIS

The initial evaluation revealed Sissy had neutropenic fever, a common side effect of chemotherapy. It occurs when too few white blood cells are present to fight infections, especially those caused by bacteria.

"She couldn't fight infections fully," Dr. English says. "That's what that neutropenic fever means to us."

Dr. English dug deeper for the source of the fever.

"Sissy was tender in the lower left section of her torso during examination," she says. "And since I didn't have an obvious source of her fever yet, that's what triggered me to order a CT scan."

That scan revealed that Sissy had developed diverticulitis. Diverticula are pouches that form in the lining of the colon and can become infected with bacteria and inflamed.

"When my immune system hit bottom, it allowed the diverticulitis to rear up its head," Sissy says.

FREE OF CANCER AND INFECTION

Dr. English told Sissy she would need to receive a few rounds of IV antibiotics to help her body fight off the infection. And that would require her to stay put for a few days at Methodist Midlothian.

"Sissy was at much higher risk because her body didn't have those fighting white blood cells that someone not on chemotherapy has," Dr. English says. "She needed to be in the hospital."

Sissy raved about the care she received from doctors who visited every day, including **Ananth Arjunan, MD**, oncologist on the hospital's medical staff, and the nurses who were there around the clock.

"The nurses were just amazing and so thoughtful and kind," she says.

After her release, Sissy finished her chemotherapy, which was followed by surgery with **Katrina Birdwell, MD**, breast surgeon on the medical staff at The Breast Center at Methodist Mansfield Medical Center. Sissy completed 20 rounds of radiation in June.

"Boy, that place is amazing," she says of The Breast Center.

Today, Sissy is cancer-free and back to serving the families of Ellis County. She says the care she received was top-notch every step of the way, from Mansfield to Midlothian.

"I was treated like royalty," Sissy says of her time at Methodist Midlothian. "It was just effortless on my part."

Complete care for cancer includes personalized services, innovative technology, and support for your well-being. Learn more.



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U.S. Department of Health and Human Services
200 Independence Ave., SW
Room 509F, HHH Building
Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

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TESTING THE WATERS OF *healthy hydration*

Drinking enough water can be delicious, refreshing, and surprisingly easy

MOST OF US understand it's critical to drink enough water, but hydration can take many forms and not all beverages are created equal.

"There are a lot of tricks out there to help spice up your water intake, including choices that are flavored, sparkling, or infused with electrolytes," says **Lisa Maehara, DO**, family medicine physician on the medical staff at Methodist Southlake Medical Center.

The most important thing, she says, is to drink enough water. And while there isn't a magic amount, despite the age-old advice to drink "eight glasses a day," she advises men to drink 121 ounces, or almost a gallon a day, and women to drink around 94 ounces.

"It really depends on your metabolic needs, like if you are exercising, if you are sick, if you have a fever, or if are you pregnant," Dr. Maehara says. "These occurrences can affect how much fluid you need."

But are some fluids better than others? And how do we meet this goal when most of us only wet our whistles when we're actually thirsty? Dr. Maehara has some suggestions.

WATER VS. EVERYTHING ELSE

If chugging plain old H₂O all day sounds like water torture, don't despair. Dr. Maehara says it's OK to mix things up a bit with sparkling water or fruit juices, as long as they don't contain too much added sugar.

"It doesn't really matter, as long as you're drinking enough fluids on a regular basis," she says.

In fact, you may need to replenish more than just water when you're exercising or working outside. That's because sweating excretes salts along with water, and replenishing those minerals with a sports drink may be just what the doctor ordered.

Just don't confuse sports drinks with energy drinks, which are high in caffeine and sometimes sugary but rarely contain electrolytes.



EATING CAN HELP HYDRATE, TOO

Water doesn't have to come solely from a bottle. What you eat can be every bit as important as staying hydrated. Even better — remember to pair each meal with a glass of water.

"Not only will this help you reach your water intake goals," Dr. Maehara says, "but it will contribute to portion control and aid digestion."

Many fruits and vegetables are mostly water and can contribute to your daily hydration goals. From watermelon (92% water) to lettuce (96% water), you can snack on these hydrating foods throughout the day. Use them to supplement your water intake.

Tomatoes are also high in water content (nearly 95%), and this juicy fruit is also highly nutritious. Tomatoes contain vitamins A and C, potassium, and plenty of lycopene, which has cancer-fighting properties.

If you really want to beat the heat, resolve to be cool as cucumbers, which are 96% water and also contain potassium and fisetin, an anti-inflammatory with brain-boosting properties.

Find more nutrition tips and recipes at ShineOnlineHealth.com.





NICU BABY THRIVES after ‘rocky’ start

A Cedar Hill woman’s pregnancy was riddled with challenges and ended with a premature emergency delivery, but thanks to a fast-acting NICU team, her baby girl is now doing well

Celeste Trevino acknowledges her fifth pregnancy was anything but smooth but says she and her new daughter, Scarlett, made it through thanks to the team at Methodist Mansfield Medical Center.

“If she’d been born at any other hospital, I don’t think she’d be thriving the way she is now,” Celeste says of Scarlett, who spent 28 days in the neonatal intensive care unit (NICU). “She had people watching over her constantly.”

A roster of physicians on the medical staff monitored the health of the Cedar Hill woman, who needed gallbladder surgery in the months before she delivered her baby girl at 34 weeks with an emergency cesarean section performed by **Heather Gardow, MD**, OB-GYN on the medical staff at Methodist Mansfield.

“The doctors were absolutely amazing throughout the whole process, from start to finish,” Celeste says. “It was a very rocky pregnancy, but the doctors who helped me gave me a comfort zone.

I relied on them not only to keep my baby safe, but to keep me safe, too.”

THE FIRST HITCH

Celeste and her fiancé, Joe Mendez, had just moved to a new house a few months before finding out she was pregnant. It was surprising news because Celeste had suffered an ectopic pregnancy four years earlier and needed an emergency surgery that reduced her chances of conceiving again.

Despite their shock, Celeste and Joe were overjoyed, and they sought help from **Theodore Krum, MD**, OB-GYN on the hospital’s medical staff, to make sure both mother and baby were healthy.

Celeste began experiencing sharp stomach pains around her 15th week of pregnancy. She went to the emergency department at Methodist Mansfield and learned she had a gallbladder infection. Celeste tried to find a nonsurgical solution, but the pain soon became intolerable.

So, at 18 weeks pregnant, Celeste checked into Methodist Mansfield to have her gallbladder removed by **Jeremy Parcels, MD**, general surgeon on the medical staff at Methodist Mansfield.

“Dr. Parcels promised me they would do everything they could to make sure we would be okay,” Celeste recalls. “And we were okay. When I woke up, the pain was gone, and I was instantly relieved.”

6 WEEKS ON BEDREST

Celeste’s surgery was a success, but she soon found herself back at Methodist Mansfield just two and a half months later after passing a blood clot and bleeding. She was rushed to the emergency department, and doctors discovered that, at 28 weeks, Celeste was going into premature labor.

Although the labor process stopped on its own, Celeste’s physicians insisted she remain in the hospital on bedrest so they could keep an eye on her. She was given steroids and other drugs to help protect fetal development and slow down her contractions.

“We kept Celeste in case something did change. That way, she was in a place where she had quick access to care if anything happened,” Dr. Gardow says.

EMERGENCY C-SECTION

Celeste was hospitalized for six weeks. One night, she tried to use the restroom and passed blood. A nurse fetched Dr. Gardow.

“Celeste was experiencing contractions. My biggest concern was that the baby’s head was not down like it’s supposed to be, meaning she was breech,” says Dr. Gardow, who then had to perform an emergency cesarean section. “From discovering Celeste in labor to prepping her for the OR and completing the C-section, it took less than an hour.”

On May 25, 2023, Scarlett was born at 34 weeks. She weighed about 3 pounds, 15 ounces.

“It happened so fast,” Celeste recalls. “All of the nurses were helping me keep calm.”

TIME IN THE NICU

For four weeks, Scarlett had to stay in the NICU, where she had breathing support and constant monitoring. Although Celeste found it difficult to be apart from her baby, the mother of five says she was reassured by the round-the-clock care that nurses provided Scarlett.

“Leaving her at the hospital wore on my soul, but I had other kids at home, and Joe had already taken a month off work to take care of everything while I was hospitalized,” Celeste says. “I can’t even imagine anybody going through this anywhere other than Methodist Mansfield because the NICU nurses are fantastic.”

Staff grew to understand baby Scarlett’s quirks, habits, and specific health needs. They provided regular updates to Celeste anytime she was unable to be by her daughter’s side.

“I had so many questions because this is my first NICU baby, but they never made me feel like a burden,” Celeste adds. “Several of them went out of their way for me, anticipating what I would need and making sure that it was ready, whatever it was, before I even got there.”

AN ANGEL’S EYE VIEW

When Celeste couldn’t be there in person, she depended on the hospital’s AngelEye CameraSystem™, which allows parents to see their newborns remotely via an app.

“I lived on AngelEye,” says Celeste, who watched as nurses tended to Scarlett’s every need. “They knew about her gastric reflux, how cranky she was going to get, and how she’d want to eat early. They knew all of that.”

In June, Celeste and Joe were finally able to take Scarlett home. At the time, she was barely over five pounds, but as the weeks passed, she underwent a rapid growth spurt.

“She had her four-month checkup, and she weighed 12 pounds,” Celeste says. “Her doctor said they haven’t seen such drastic weight gain in a while, but she’s a fighter.”

Learn more about the AngelEye CameraSystem™ and take a virtual tour of the labor and delivery suites at Methodist Mansfield.





NO MORE HOT FLASHES?

NEW DRUG OFFERS RELIEF WITHOUT HORMONES

A doctor explains the risks and benefits of fezolinetant, a new medication approved by the FDA to treat hot flashes caused by menopause

Hot flashes and night sweats torment millions of women during menopause, and relief has long been considered elusive for those who can't or don't want to receive hormone replacement therapy.

That changed this summer when the Food and Drug Administration approved a new drug to treat hot flashes — the first non-hormonal treatment of its kind.

“The first thing that comes to mind is how this will help so many patients who can't take estrogen,” says **William Salter, MD**, OB-GYN on the medical staff at Methodist Richardson Medical Center.

Dr. Salter says the prescription medication, fezolinetant (brand name Vezah), could be a game-changer for these women.

WHY IT MATTERS

The new drug shows that researchers are searching for solutions to a problem that affects millions. Before and during menopause — which generally occurs when women are in their 40s and 50s — levels of certain hormones, like estrogen, drop, Dr. Salter explains. Estrogen influences the hypothalamus, which is in charge of regulating body temperature, so a reduction in its production will cause the system to go haywire.

“Basically, the less estrogen you have, the more hot flashes you’ll experience,” he says. “Hot flashes and night sweats can affect women as they approach, transition through, and complete menopause. These symptoms can be severe enough to interfere with their daily life.”

Traditionally, physicians have prescribed hormone replacement therapy as a way to help women cope. But that’s not always an option — such as in the cases of women diagnosed with breast cancer. Prioritizing research of more alternatives like fezolinetant would be of tremendous benefit to them, Dr. Salter says.

“Estrogen can increase the risk of recurrence for some types of breast cancer, so having medications like this — which have nothing to do with hormones but still treat the root cause of the hot flashes — is going to be much better for these patients,” he says.

OTHER REMEDIES

Treating menopause symptoms with drugs isn’t groundbreaking. Before now, physicians have resorted to prescribing medications beyond their intended use. In the past, doctors have tried antidepressants, a nerve pain drug, and a blood pressure medication to help patients manage hot flashes as an off-label use, Dr. Salter says.

Only time and more data will tell how this new drug stacks up against more established medications, he adds. Still, some women might want to avoid medical intervention altogether and take a more homeopathic approach.



85%

For years, hormone therapy was the only option for the **85% of women in menopause** who experience intense bouts of overheating, sweating, and flushing.

Previously, doctors have recommended meditation and other mind-body techniques, as well as lifestyle changes like losing weight or adjusting diet.

“You can try avoiding spicy foods or eating more soy products,” Dr. Salter suggests. “Soy has some natural estrogen in it, so you might get some relief that way.”

CONSIDER OPTIONS

While fezolinetant might have positive effects, it’s not without a list of warnings and potentially adverse side effects, including abdominal pain, diarrhea, insomnia, and back pain. The drug can also cause liver and kidney problems, so it’s not for everyone.

“Liver screening blood tests are needed before starting and while using fezolinetant to evaluate liver enzyme levels,” Dr. Salter says. “This is not for patients with cirrhosis, severe kidney problems, or renal failure.”

There’s also a notable lack of data surrounding people who are older than 65. People who are taking other medications should also be wary because different drugs interact with each other in various ways, Dr. Salter cautioned.

“The bottom line is if you think this will help and believe it fits your health profile, it’s worth discussing with your physician,” Dr. Salter says.

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





Robotics-assisted surgery provided an excellent outcome for this corrections officer during her breast cancer journey

CANCER CAN'T DETAIN CORRECTIONS OFFICER FOR LONG

Dallas County correctional officer Wanda Grigsby is used to taking charge in tough situations and keeping a level head. But when she was diagnosed with endometrial cancer last year, she had to place her trust in others to guide her through a hysterectomy and follow-up treatment.

On top of her belief in God, the 61-year-old Duncanville woman credits the team at Methodist Charlton Medical Center with saving her life.

"That's where all my doctors are," says Wanda, who lives five minutes away from the hospital. "My faith is in God. But He sets people in place to help us when we need it, and I would like to thank the doctors, the nurses, and everyone else who had a hand in taking care of me. Without Methodist, I'm not sure where I would have ended up."

'I'VE ALWAYS BEEN A FIGHTER'

It was in July 2022 when Wanda first noticed something was wrong. Although she hadn't had a full menstrual cycle for almost 10 years, she bled for seven days, she says. This prompted her to make an appointment with **DeShawndranique Gray, MD**, OB-GYN on the medical staff at Methodist Charlton.

Dr. Gray examined Wanda and performed a sonogram that revealed stage 1 endometrial cancer.

Wanda was surprised at the diagnosis.

"I thought it was fibroids or a hormonal issue," she recalls. "But after they confirmed it, I said, 'I'm just going to trust God and do what I have to do to beat this.' I've always been a fighter."

Dr. Gray referred Wanda to **Brandon Roane, MD**, gynecological oncologist on the hospital's medical staff.

“Endometrial cancer is by far the most common type of cancer I treat,” Dr. Roane says. “There are about 100,000 gynecological cancer cases a year in the U.S., and two-thirds of them are endometrial cancer cases.”

WHAT IS ENDOMETRIAL CANCER?

Endometrial cancer is generally grouped with uterine cancer, but the endometrium — the lining that covers the inner surface of the uterus — is its own separate structure.

“This cancer most commonly presents in menopausal women because that endometrium, or that lining, shouldn’t be there,” Dr. Roane says, referring to the fact that the average age of diagnosis is 60. “These are women who shouldn’t have any bleeding, and the lining shouldn’t be particularly thick on a sonogram, so that’s what we look for.”

He adds that Wanda wasn’t far off the mark when she guessed her symptoms were hormone-related.

“The mechanism of endometrial cancer is an imbalance of hormones,” he explains. “It occurs when you have an excessive amount of estrogen, which is a hormone that the ovaries produce, and not enough progesterone to temper it.”

It’s also why obesity is a risk factor: fat tissue can produce estrogen, he says. A patient is also at higher risk if she has experienced more years of menstruation, never gotten pregnant, inherited certain genetic disorders, or takes a specific type of hormone replacement therapy.

Doctors are also seeing a rise in this type of cancer among younger women who are premenopausal and as young as their 30s.

“If you have irregular periods, if you skip months, or if there’s bleeding between periods, you should get evaluated, as well,” Dr. Roane advises.

ROBOTICS-ASSISTED SURGERY

Wanda opted for a total hysterectomy, and on Oct. 13, 2022, she checked into Methodist Charlton for a minimally invasive, robotics-assisted procedure.

Using the da Vinci Surgical System, Dr. Roane made a few incisions of less than a centimeter each on Wanda’s abdomen. He guided the robot’s instruments through the cuts and carefully removed the uterus vaginally.

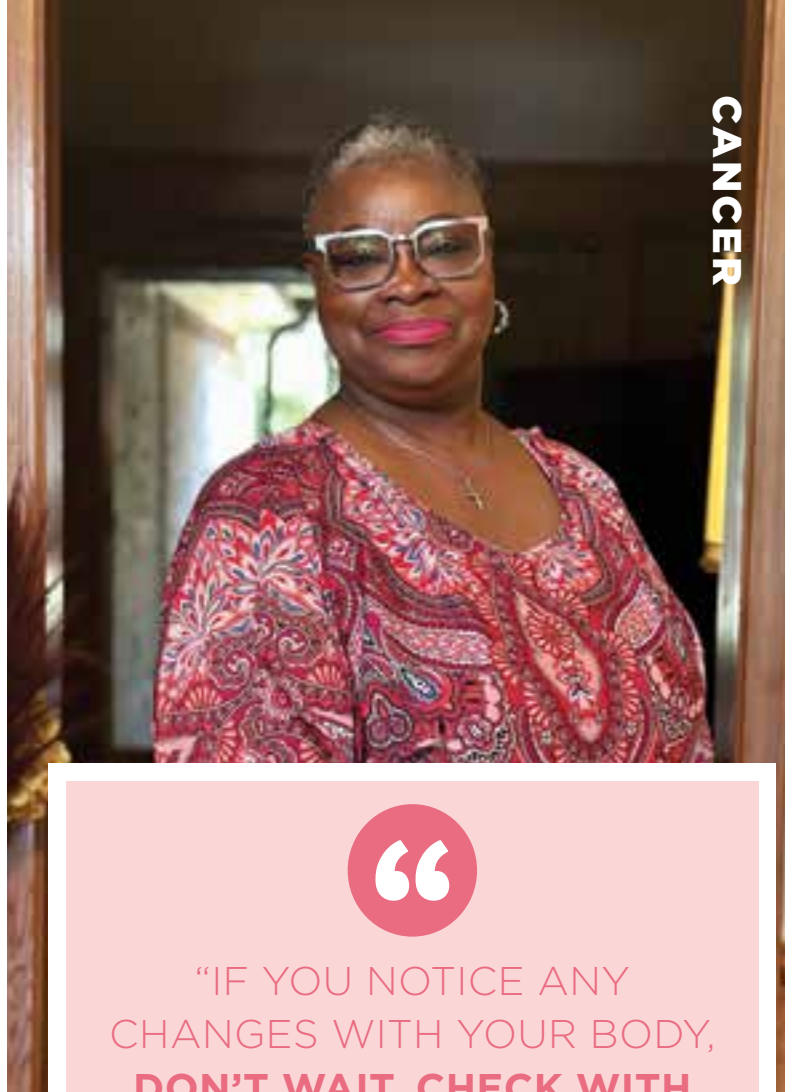
“The robot has really transformed the way we operate,” Dr. Roane says. “It offers more surgical precision, shortens recovery times for patients, and decreases the risk of blood loss and other complications.”

CANCER IN REMISSION

After her surgery, Wanda began radiation treatments with **Kesha Harris-Henderson, MD**, radiation oncologist on Methodist Charlton’s medical staff. Wanda says she drew strength from her support system, which was vital in helping her beat cancer.

“My husband, Danny, was my biggest cheerleader,” she says. “I was blessed with the support of my family and church family. They really lifted me up during this time, and I am so grateful for them.”

Wanda’s last radiation session was in December 2022. By mid-January, she was already back to work. This experience has taught her an important lesson about taking care of her health



“IF YOU NOTICE ANY CHANGES WITH YOUR BODY, **DON’T WAIT. CHECK WITH YOUR DOCTOR IMMEDIATELY.** TOMORROW IS NEVER PROMISED, AND NOW I’M GOING TO LIVE MY LIFE TO THE FULLEST.”

— WANDA GRIGSBY

and cherishing her time with loved ones. In fact, she and her husband, Danny, are planning to take their first cruise together for their 20th anniversary on Valentine’s Day.

“If you notice any changes with your body, don’t wait. Check with your doctor immediately,” she says. “Tomorrow is never promised, and now I’m going to live my life to the absolute fullest.”

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





WITH OZEMPIC SCARCE, HERE'S THE SKINNY ON OTHER WEIGHT-LOSS DRUGS

Weight-loss patients have many other alternatives to choose from, including supplements and older diet drugs

In today's quest for weight loss, the allure of groundbreaking drugs like Ozempic and Wegovy has reshaped the landscape, with patients on the lookout for more-available alternatives, from long-established medications to pharmacy-made replicas.

While the demand for injectable medications like Ozempic soars, other options come with their own sets of drawbacks. Those side effects may include nausea, upset stomach, constipation, or even diarrhea, explains **Nancy Georgekutty, MD**, family and obesity medicine specialist on the medical staff at Methodist Mansfield Medical Center.

"If you already deal with GI problems, these won't be the drugs for you," says Dr. Georgekutty, whose Weight Loss and Wellness Center provides innovative solutions with a focus on quality care.

The surge in demand for drugs like Ozempic has prompted local pharmacies to craft compound drugs that mimic their effects.

"The challenge lies in determining the contents of these compounds, raising concerns about their safety and effectiveness," Dr. Georgekutty says.

So let's get the skinny from Dr. Georgekuty on everything from compounding to supplements and the older weight-loss medications that may be overshadowed by the popularity of the new drugs.

SUPPLEMENTS: A MIXED BAG

Supplements offer a range of options for weight management, but they lack FDA regulation. Dr. Georgekuty introduces a few:

BERBERINE

Often called “nature's Ozempic,” this natural chemical is found in plants and may cause side effects like nausea and diarrhea.

CHROMIUM PICOLINATE

This nutritional supplement enhances insulin response but may lead to gastrointestinal issues and can even throw off your balance and coordination.

GREEN COFFEE BEANS

These contain a high concentration of chlorogenic acid (CGA), a compound that helps reduce fat absorption in the body and speeds up metabolism. In high doses, this highly caffeinated supplement can raise the risk of heart palpitations, upset stomach, and diarrhea.

RASPBERRY KETONES

This metabolism-boosting compound “helps reduce your appetite while also increasing your metabolism, and typically its side effects are very minimal,” Dr. Georgekuty says.

WEIGHT-LOSS MEDICATIONS

Before the rise of Ozempic and Wegovy, other weight-loss medications were available. Here's Dr. Georgekuty's take on their benefits and possible side effects:

- **Phentermine HCL:** This prescription medication, which has been around since the 1950s, stimulates the metabolism and suppresses appetite, but like other stimulants it may cause nervousness and sleeplessness.
- **Contrave:** Also available only by prescription, this drug combines Wellbutrin and Naltrexone ingredients, with no known side effects on the heart or other organs.
- **Orlistat:** Marketed under the brand name alli, this over-the-counter medication limits fat absorption, leading to oily and uncontrolled bowel movements, which can steer individuals toward healthier food choices.



RISKS OF COMPOUNDING

With shortages of drugs like Ozempic, Mounjaro, and Wegovy, some patients are turning to replica versions created in pharmacies, a process known as compounding.

However, compounding introduces risks as ingredients may differ from brand-name drugs, and side effects are often uncertain.

“You have to question, what exactly are they putting inside that compound?” Dr. Georgekuty warns, echoing the FDA's warning about the lack of regulation in compounded drugs.

SEEKING A DOCTOR'S ADVICE

With so many weight management options out there, Dr. Georgekuty advises consulting your primary care physician before starting any new medication, whether it's a supplement or over-the-counter drug.

Collaborating with a trusted partner for lifestyle changes and behavioral health assessments can lead to more enduring results than relying solely on medication.

“It's exhilarating to see patients feel at their best with the least amount of medications,” she says. “Lifestyle modifications and behavioral health assessments are also part of the plan, and those changes can be longer-lasting than drugs.”

Losing even a little weight can help relieve arthritis. Learn more at ShineOnlineHealth.com.





Her only regret after
knee replacement
surgery: 'I wish I hadn't
waited so long'

HOSPITAL VOLUNTEER TAKES A BOLD STEP

Jane Moore's family spent years trying to convince her to get knee replacement surgery, but it was volunteering at Methodist Midlothian Medical Center that finally persuaded the 68-year-old grandmother to do something about her decade-long joint pain.

"It started out as weakness in my knees," Jane explains. "Over time it turned into pain and instability, especially with stairs. It was bad enough that I went to see an orthopedic specialist."

The doctor explained that the cartilage in Jane's knees was breaking down, causing her bones to grind against one another. While corticosteroid injections and physical therapy provided temporary relief, Jane wanted a more lasting solution. But she was nervous about surgery, and the timing never felt right.

That is, until she saw the life-changing benefits for herself.

"I began volunteering at the admissions desk at Methodist Midlothian and got to know an admissions officer who told me how she and her husband both used to suffer from chronic knee problems. She enthusiastically recommended the team at the hospital," Jane says.

Emboldened by this conversation and tired of relying on her family to get around, Jane decided to take the leap.

"I am so glad I had the surgery, though I wish I hadn't waited so long," she says. "I'm so grateful for the excellent surgical team and the extended care team, who were all so attentive."

'RESURFACING' THE KNEE

Jane was referred to **Edward Mairura, MD**, orthopedic surgeon on the hospital's medical staff.

"When I left that appointment, I knew I had found the right team," Jane recalls.

Dr. Mairura evaluated Jane and found the damage to be so severe that he recommended replacing both knees.

"A knee replacement, also called knee arthroplasty, might be more accurately called a knee 'resurfacing' because only the surface of the bones is replaced," Dr. Mairura says. "It's a very effective and long-lasting procedure that offers immediate improvement of symptoms."

He explained that the end of the femur in the thigh and top of the tibia in the leg are shaved down to remove damaged bone and cartilage. Then, the ends of both bones are fitted with metal and plastic coverings that act as replacements for the removed tips. If needed, he added, the underside of the patella would also be resurfaced and a mushroom-shaped prosthesis would be placed.

METHODIST JOINT ACADEMY

Before Jane's surgery was scheduled, Dr. Mairura requested that she enroll in the Methodist Joint Academy, an informational program offered at many Methodist Health System facilities, including the hospital in Midlothian.

"This educational workshop helps prepare patients for upcoming joint replacement surgery," Dr. Mairura explains. "When patients can ask the surgical staff questions or hear tips and advice from the physical and occupational therapists, the outcomes are enhanced."



Jane underwent her first total knee replacement on her right leg on Aug. 23, 2023, and is recovering exactly as Dr. Mairura predicted she would. Now she says she can't wait to regain her full mobility.

"As soon as I am fully recovered, I'll be talking to Dr. Mairura about doing my left knee," Jane says.

Get relief from hip, knee, and shoulder pain with orthopedic care you can count on. Learn more.



WHEN BREAST CANCER STRIKES EARLY and without warning

Lump found during self-exam shows that
40 is not too young for a mammogram

Innocente Escamilla was 43 when she found a lump in her breast during her first-ever self-exam — the only symptom she ever had for stage 2 breast cancer.

“I never felt sore. I never felt sick,” she says. “That was the scariest part.”

In November 2022, Innocente tested positive for carrying the BRCA1 gene mutation, raising her risk for both breast and ovarian cancer. She would ultimately have a double mastectomy at Methodist Dallas Medical Center.

“Before then, I had several members of my family pass from cancer,” the Grand Prairie resident says. “It was always in the back of my head.”

After a mammogram and biopsy, Innocente was referred to the Linda and Mitch Hart Breast Center and **Katrina Birdwell, MD**, breast surgeon on the medical staff at Methodist Dallas.

“They knew exactly what they were doing. They were very precise,” Innocente says. “I really give a lot of thanks to all the nurses and doctors who helped.”



MAMMOS AT 40, OR EARLIER

In the months leading up to her diagnosis, Innocente says she was active, hiking and going to the gym often to exercise, and felt otherwise healthy.

Her perspective changed the day she found a lump while performing her very first self-exam in the shower. A few years earlier, when Innocente was 40, her healthcare provider at the time had shrugged off a mammogram, saying she was “too young to worry about it.”

But 40 is the new 50, as far as mammograms are concerned because younger women are increasingly at risk for breast cancer. In fact, in spring 2023, that trend inspired the U.S. Preventive Services Task Force to recommend women start getting mammograms at 40.

Women who carry the BRCA1 gene mutation or have other risk factors, such as a family history of breast cancer, should start screening even earlier, Dr. Birdwell says.

“If a woman knows she’s at high risk for breast cancer, she should not wait until 40 to get a mammogram,” she says. “She should get high-risk screening, typically starting at age 30.”

About one in eight American women will be diagnosed with breast cancer, a disease that claims the lives of about 42,000 women every year.

PATIENTS ‘FEEL THAT CARING’

Determined not to become a statistic, Innocente embraced the next steps of treatment laid out by her physicians, Dr. Birdwell and **Rebecca Yarborough, MD**, oncologist on the medical staff at Methodist Dallas.

“Anytime I had questions for either one of them, they knew exactly what to do,” she says.

Although the cancer had already spread to her lymph nodes, Innocente is still young and was otherwise healthy and active, so she could more readily bounce back from her chemotherapy, surgery, and radiation treatments.

“Our younger patients do better with treatment and have a little better resiliency,” Dr. Yarborough says.

At a nationally accredited Breast Center like Methodist Dallas, the continuum of care is by design, Dr. Birdwell explains, because every care team must work in concert to achieve the best possible outcome, from surgical services to radiology to the oncology staff.

“We have to work comprehensively as a team,” she says. “With all those eyes on the patient at the same time, we can ensure the highest standard of care.”



An event dedicated to survivors and raising awareness attracted Innocente back to Methodist Dallas.

Just as important, Dr. Birdwell adds, is the compassion the team at Methodist Mansfield brings to treating every patient. “Patients really feel that caring,” she says.

GETTING BACK TO NORMAL

In February, Innocente began six months of chemotherapy. During that treatment she lost her hair and suffered pain in her fingertips — nerve damage known as peripheral neuropathy — that prevented her from working her remote job.

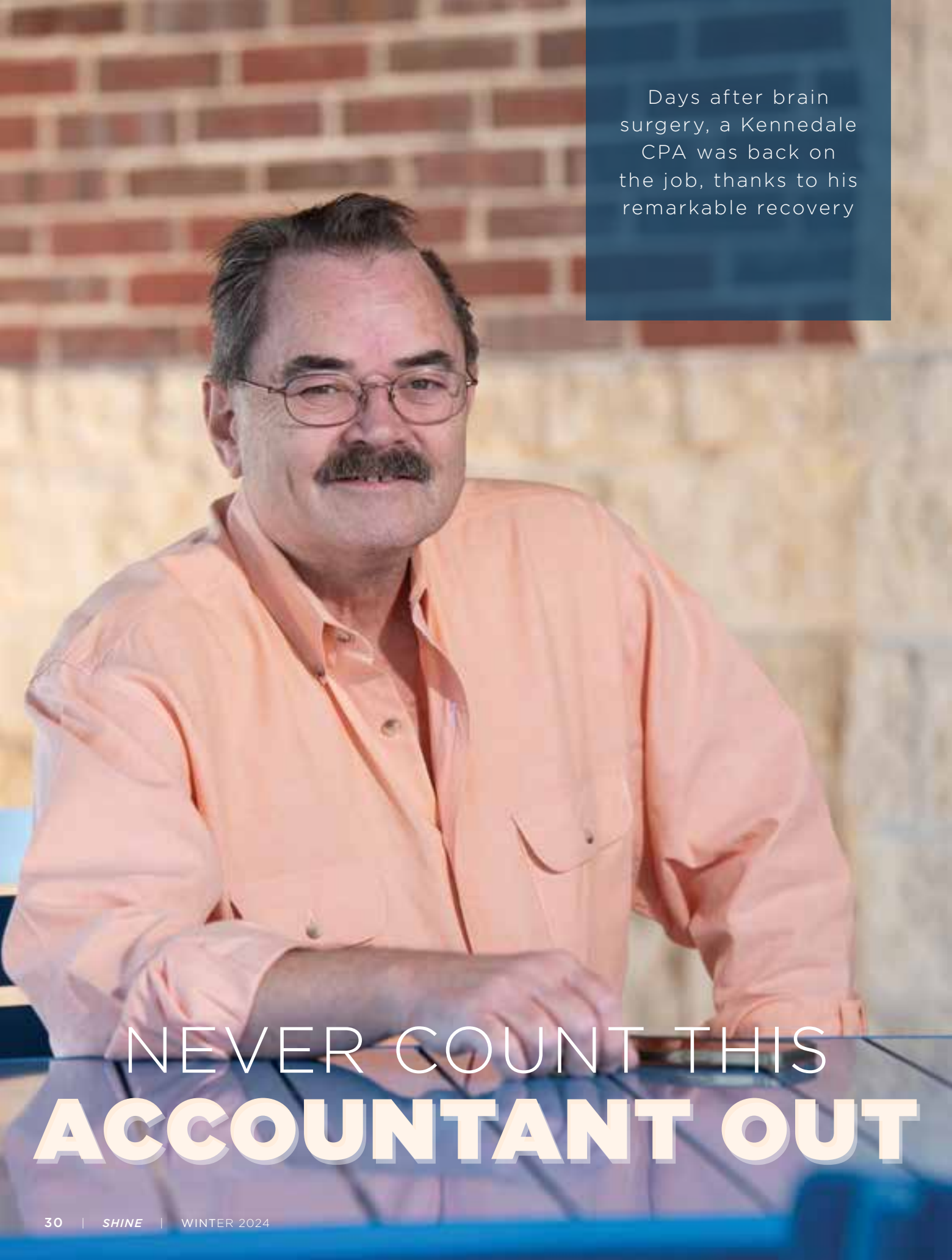
“There was no easy part,” she says, “but it felt good to get back to normal, get healthy again.”

Now cancer-free after the removal of her breasts and several lymph nodes in August, Innocente is getting ready to have a hysterectomy and start radiation to keep the cancer away. She remains thankful for her care and feels her faith in the team at Methodist Dallas was well-placed.

“I trusted in a lot of the doctors because it’s our life we’re putting in their hands,” she says.

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





Days after brain surgery, a Kennedale CPA was back on the job, thanks to his remarkable recovery

NEVER COUNT THIS **ACCOUNTANT OUT**

Going back to work shortly after brain surgery is no easy feat, but Jack Crain was determined a day after his discharge from Methodist Mansfield Medical Center.

"I just woke up and felt okay," recalls the 61-year-old from Kennedale, who had surgery to repair a subdural hematoma after a fall. "It was an immediate relief."

His wife, Diane, agrees.

"It was like night and day," she says.

Jack's doctor, **Stephen Katzen, MD**, neurosurgeon on the medical staff at Methodist Mansfield, says he usually suggests two weeks' recovery time, but Jack returned to work as a certified public accountant the very next week.

"He's a very intelligent, high-functioning individual, and he felt like he was doing fine," Dr. Katzen says. "Everyone heals differently, and he really has done exceptionally well from the surgery."

BLOW TO THE HEAD

Like most people, Jack didn't want to believe he needed medical care after he fell and hit his head. While suffering from a bout of bronchitis, he fainted during a coughing fit and hit his head on the dresser in the bedroom.

The blow gave him an intense headache, but the pain went away after seven days, so he figured he was okay. A week after that, however, his right hand grew numb, and he was having trouble typing. Jack knew something was wrong, and so did Diane. She had been urging him to see a doctor and insisted once the cognitive problems began.

"He's a very smart man, and he answers things quickly normally, and he was not doing that," she recalls. "He was hesitating too much. Then he had slurred speech and wasn't remembering stuff."

They visited their primary care provider the next morning, and he quickly told Jack to go to the hospital.

STROKE-LIKE SYMPTOMS

The Crains drove straight to the emergency department at Methodist Mansfield, where Jack was examined and given cognitive and strength tests, plus a CT scan.

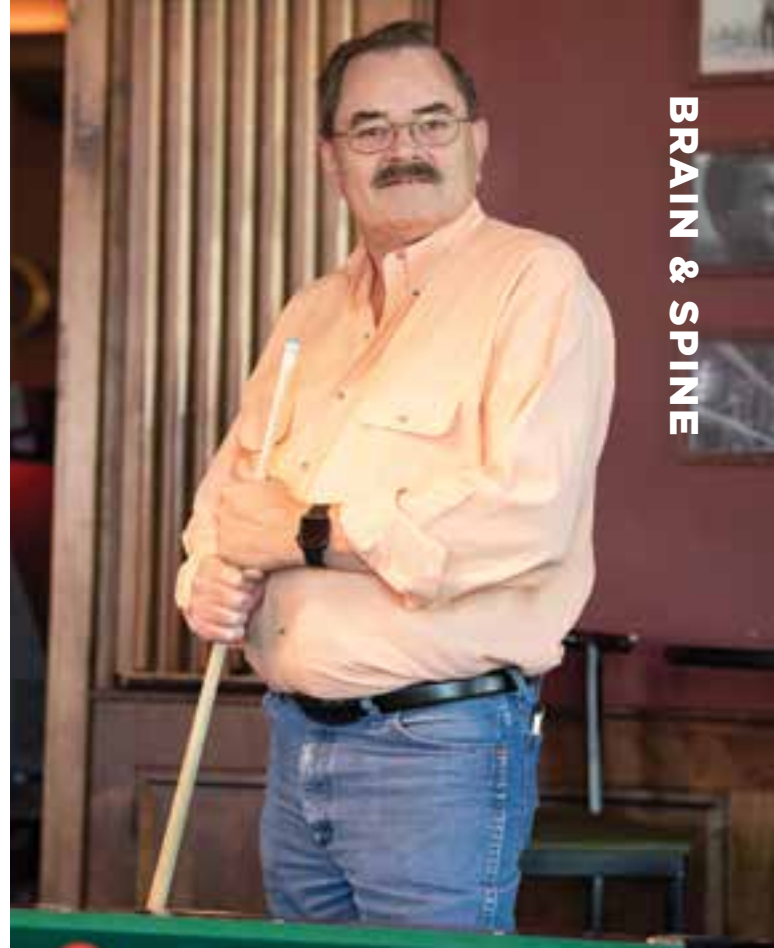
"They scheduled surgery for the very next day," Jack says.

Jack was diagnosed with a chronic subdural hematoma, a bleed between his skull and his brain.

"A bleed like that actually gets blood supply from the coverings of the brain, and it slowly gets larger and larger and becomes more and more symptomatic," Dr. Katzen says. "People sometimes don't even remember hitting their head, and then they come in with stroke-like symptoms."

The mass of blood was under Jack's skull, spanning 6 inches long and 3 inches wide. It was so thick that it was depressing the left side of his brain, which controls speech, comprehension, math, and writing. A subdural hematoma can be fatal if it's not removed, which is what Dr. Katzen skillfully did. The delicate surgery required removing part of Jack's skull, cutting through the membranes underneath, and suctioning out the hematoma.

"A lot of times the brain can remain depressed, and it takes time to re-expand," Dr. Katzen says. "But in his case, when we removed the hematoma, the brain bounced right back to where it should have been."



Using plates and screws, Dr. Katzen reattached the piece of skull that he had removed to access the brain bleed.

REMARKABLE RECOVERY

Diane says she was grateful for the clear communication that Dr. Katzen and his team provided throughout the process.

"I was a wreck, and they made me feel comfortable," she says. "Dr. Katzen explained everything in a language that I could understand. I'm not stupid, but brain surgery is not something that is happening every day."

Dr. Katzen credits Diane for urging Jack to get the help he needed — and just in time to ensure his full recovery.

"If you start developing any stroke-like symptoms," he advises, "go to an emergency room and get it diagnosed."

Jack's recovery has been nothing short of remarkable, his wife says. The surgery was on a Friday, and Jack went home Tuesday morning.

"The next morning he worked at home from 7:30 to 5:30 without a break except for lunch," Diane marvels.

By Thursday, she was driving Jack to the office to work half days, and he resumed full-time duty in the office the following Monday.

"It was totally amazing," Diane says.

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WHY WOMEN ARE LESS LIKELY TO SURVIVE A **HEART ATTACK**

Women tend to die or experience heart failure disproportionately after a heart attack — a gender gap that could be closed by improving awareness

For decades, heart disease has been the No. 1 cause of death for both men and women, but women are significantly more likely to die or suffer heart failure after a first heart attack than men.

That's because women are more likely to be misdiagnosed when initially reporting symptoms or they ignore the warning signs entirely and never seek medical help, says **Laurette Mbuntum, MD**, interventional cardiologist on the medical staff at Methodist Dallas Medical Center.

"Women have a lot of aches and pains, so their tolerance is a bit higher and they tend to silently suffer and dismiss symptoms," Dr. Mbuntum says. "Then the pain doesn't go away."

Don't blame the victim for this lack of awareness. Statistics show that women may not receive the same aggressive treatment for chest pain and other heart attack symptoms when they do seek help.

"Women may wait longer to get their first EKG or blood tests or to get the attention of the medical staff as compared to men," Dr. Mbuntum says. "And the longer you wait, the more heart muscle is dying."

That's why cardiologists like Dr. Mbuntum and the staff at Methodist Dallas are determined to better understand the gender gaps associated with heart disease and to help improve women's lives by raising awareness.



20% INCREASED RISK

Women have a 20% higher risk than men of dying or suffering heart failure within five years after their first severe heart attack, according to a study in the journal *Circulation*.

Part of this discrepancy can be attributed to the fact that women who suffer from a heart attack tend to be several years older than men, on average — age 72 for women compared with 61 for men in the study. Having lived an extra decade naturally puts women at higher risk for other complications.

But younger women can also develop heart disease, and patients in their 40s and 50s may be misdiagnosed because physicians don't consider the risk factors until it's too late.

"It's the patient who is younger and may have had pregnancy complications or other chronic health problems who could be at higher risk for developing heart disease," Dr. Mbuntum says. "Providers must recognize that risk."

UNUSUAL SYMPTOMS

The classic signs of a heart attack include chest discomfort, arm pain, and shortness of breath, but a heart attack can also produce symptoms such as heartburn or nausea.

Less traditional symptoms affect men, too, but women often report unusual warning signs before and during a heart attack.

"More women report fatigue, nausea, vomiting, and back pain, instead of chest pain," Dr. Mbuntum says. "Maybe you're just not feeling yourself and you're not able to tell the doctor what's going on."

So it's incumbent on a healthcare provider to keep an open mind about the cause of these more unusual symptoms, in addition to the classic warning signs, Dr. Mbuntum says.

"It may be difficult, especially if you're a busy emergency doctor, to interpret back pain or nausea as a sign of a heart

attack," she says. "But providers must consider all the associated risk factors."

DON'T WAIT, GET HELP

While women may present with unusual symptoms, many do suffer the classic red flags like chest pain but simply ignore them or delay treatment too long.

One study found that among the women surveyed, the average time they waited to seek treatment was up to 54 hours, compared with 16 hours among men.

That could partly be because men have been conditioned to fear a heart attack from an early age, but there could also be another factor at play.

"When men are sick, they might have a partner to urge them to go get help," Dr. Mbuntum says. "Women might not have that advocate urging them to see the doctor or go to the hospital."

The bottom line is that closing the gender gap requires better awareness among both patients and providers, Dr. Mbuntum says. The first step may be changing stereotypes and cultural norms.

"In movies and media, we all know what it means when you see a middle-aged man clutching his chest," Dr. Mbuntum says. "With women, that same 'light bulb moment' needs to happen faster for patients, for their partners, and for providers."

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MIRACLE COUPLE *rescued each other*

“Miracle Mark” survived cardiac arrest thanks to the Methodist Richardson staff and timely CPR by his wife — and then returned the favor when she suffered a nasty fall

Mark Stewart needed no introduction for the paramedics he called to take his wife to Methodist Mansfield Medical Center when she broke her ankle in April 2023.

“Oh my gosh, you’re Miracle Mark,” his wife, Sandra McKinzie, recalls first responders’ reaction when they arrived at the couple’s Cedar Hill home. “The rest of the EMTs and firemen were looking around and saying, ‘This house looks so familiar.’”

A cardiac arrest survivor, Mark earned his nickname two years earlier when the team at Methodist Mansfield revived him in Sept. 2021. But it was his wife of 17 years who came to his rescue first, performing CPR to keep blood flowing to his brain.

“She saved my life, there’s no doubt about it,” Mark says. “It should’ve been one of those widow-maker cases.”

But Sandra wasn’t about to become a widow, and she credits the ER, cardiology, and orthopedic teams at Methodist Mansfield for taking care of them both.

“If it had not been for Methodist Mansfield, he wouldn’t be alive today,” Sandra says. “They’ve totally saved us.”

MIRACLE MARK

Shortly after dawn on Sept. 12, 2021, Sandra heard a terrible sound coming from the couple’s bedroom. She rushed to her husband’s side.

Mark’s heart had stopped, and for an hour afterward, he had no pulse as Sandra and then the EMTs worked to keep his lungs full of oxygen and blood flowing to his organs. A dispatcher walked Sandra through how to perform CPR, and she rose to the challenge.

It’s fortunate that she was there, or Mark might not be here, says **Brian Jones, MD**, family medicine physician on the medical staff at Methodist Dallas and Methodist Charlton.

“Rapid chest compressions are what’s really critical,” Dr. Jones says. “If Sandra had waited for the EMS to arrive, there very likely would have been more heart, organ, and brain damage.”

The survival rate for cardiac arrest outside a hospital is 14% when a witness is present. Mark beat the odds because his wife was well-prepared.

So, too, were the paramedics who brought Mark to Methodist Mansfield and the ER team who revived him at 8:30 a.m., nearly an hour after his heart first stopped. Once he was stabilized, Mark was taken to the cardiac catheterization lab, where three stents were inserted into his blocked arteries.

Affectionately nicknamed “Miracle Mark” by hospital staff, Mark was discharged to start his road to recovery three days after his heart stopped.

As she was after his cardiac arrest, Sandra was also there to support her husband through a difficult first year of cardiac rehab. Mark was physically weak and suffered from memory problems, but he was determined to maintain his blood pressure and cholesterol levels.

Dr. Jones says it was Mark’s meaningful participation in rehab that helped him fully recover — just in time for him to come to his wife’s rescue during her own medical emergency last April.

WORST ANKLE BREAK

Sandra was outside at home one night last spring when she tripped and fell down the backyard steps, breaking her ankle joint in three places. Mark called an ambulance and tended to his wife, just as she had done for him two years earlier.

“Mark never left my side,” Sandra says. “He was right there with me the entire time.”

Sandra’s injury was serious enough that it required two operations, one to realign her foot and another to keep the bones in place with screws. Even so, she was able to leave the hospital the very next day.

Only about 7% of ankle breaks are trimalleolar fractures, like Sandra’s, and those typically involve athletes who are injured while playing or training.

“It is usually a sports injury,” Sandra says. “And I am neither athletic nor in sports.”

She committed to physical therapy like any athlete, however, inspired by Mark’s own recovery during cardiac rehab. After six weeks of keeping weight off her healing foot, Sandra began the rehab process.

“During a four-week period, she gradually learned to walk again with the help of our physical therapy department,” says **Conor I. Murphy, MD**, orthopedic surgeon on the medical staff at Methodist Mansfield. “Afterward, she began an aggressive physical therapy regimen to reduce swelling and remove the crutches and walker to get her back to walking normally.”

Not to be outdone by her husband, Sandra has now regained full motion of her ankle and has begun wearing her favorite heels again.

“A lot of credit goes to the support staff at the hospital,” Dr. Murphy says. “Without all of those services and experts, it’s impossible to do these complex jobs. It’s a team-orientated approach from the time the patient hits the door to the time they’ve reached their full recovery.”

SAVING EACH OTHER

Sandra and Mark have put their medical emergencies behind them, but both attribute their recoveries to the staff at Methodist Mansfield.

“They never gave up on me, and I’m really appreciative of that,” Mark says. “I know when they show up for situations like this, the outcome is usually different.”

Sandra agrees, crediting the “perfectly educated team of professionals” at Methodist Mansfield for their teamwork, synergy, and resilience.

“The handoffs were beautiful,” she says of her own care and Mark’s. “It couldn’t have been any cleaner.”

But it was the care and love that the couple showed each other that paved the way for their full recoveries. After all, Mark was there for Sandra because she was there for him.

“The CPR she provided was not only lifesaving,” Dr. Jones says, “but quality-of-life saving.”

For Sandra, Mark was a miracle long before he earned his nickname, so she was happy they were both there in each other’s moments of need.

“He’s my blessing,” she says.

**Watch Mark and Sandra
share their story on
ShineOnlineHealth.com.**



Sandra was by Mark’s side throughout his hospital stay in 2021, a favor he returned when Sandra broke her ankle and foot (below) in three places in 2023.



DOCTORS USE INNOVATIVE METHOD TO *patch up stomach and lung*

A patient's rare condition
forces doctors to think
outside the box



When Gary Reynolds came down with a bad case of pneumonia earlier this year, he was shocked to learn his infection was caused by a hole between his stomach and right lung.

Given the rarity and complexity of his diagnosis and faced with limited options, the 73-year-old Garland man sought help from Methodist Richardson Medical Center, the same hospital that helped treat his cancer two years ago.

There, a team of multidisciplinary specialists came up with the innovative idea to use a specialized heart device to patch up the hole in his lung and stomach — an out-of-the-box solution that few have attempted.

“God brought me to Methodist for my cancer and then again for a procedure that would save my life,” Gary says. “Without the specialists on the medical staff at Methodist Richardson, I’m certain I wouldn’t be here today to tell my story.”

PNEUMONIA WAS A SYMPTOM

In August 2021, Gary came to Methodist Richardson because of a tumor found in his esophagus. He underwent months of radiation and chemotherapy before surgeons on the hospital’s medical staff removed his esophagus and reshaped his stomach to allow him to eat normally.

While Gary ultimately won his battle with cancer, his health troubles worsened this summer while he was vacationing with his wife, Diana, in Florida. He developed a cough that kept getting worse. By the time they returned home, Diana insisted he go to the emergency room.

“I was diagnosed with walking pneumonia and prescribed antibiotics,” Gary says. “But a week later, I was no better. In fact, I was much worse.”

A second doctor’s visit and more tests and medications did nothing to improve his lung function. Finally, a bronchoscopy to examine the inside of Gary’s airways uncovered the problem. A fistula had opened where his right lung and stomach touched.

Partially digested food and stomach acid had entered his lung through the hole and caused his infection.

AN INVENTIVE SOLUTION

When it became clear Gary’s diagnosis was rare and the usual methods of stitching up fistulas would be risky and complicated, his team at Methodist Richardson gathered for a consult.

Led by **Abdul El Chafic, MD**, medical director of advanced endoscopy, and **Mitchell Magee, MD**, thoracic surgeon on the hospital’s medical staff, they devised an ingenious approach. These specialists decided the Amplatzer Septal Occluder, a device used for heart surgery, would be the best tool for the job.

“Proposing and brainstorming ideas among specialists often results in innovation and the best care for patients,” Dr. Magee says. “It ultimately led to my idea of using a device traditionally used in closing holes in the heart.”

The procedure involved inserting a catheter into Gary’s groin and gently guiding the slim tube through his blood vessels to his abdomen where the fistula was, then implanting a mesh disc to close the hole. Gary agreed to the minimally invasive procedure.

Days later, he was admitted to the hospital, where Drs. Magee and El Chafic performed the advanced endoscopic procedure together.

“Once the device was placed, we both felt very confident it would be successful,” Dr. El Chafic says. “About a week later, we checked the closure, and it was healing perfectly.”

Today, Gary reports a marked improvement in health, and he stays active with mile-long walks.

“I’m alive thanks to the persistent, creative thinking of a team of specialists committed to finding a solution,” he says.

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SURVIVOR-TURNED-ADVOCATE

SHOWS HOW

beating cancer is done

Raising breast cancer awareness is how a McKinney woman came to feel whole again

Nicole Kirkendoff overcame breast cancer thanks in part to her own vigilance — a perfect track record of mammograms since her 40s — and the care she received at Methodist Richardson Medical Center.

But something was missing, even after the 51-year-old from McKinney declared victory over stage IA invasive ductal carcinoma.

“I expected to feel like my old self after I was declared cancer-free, but I didn’t,” Nicole says. “And my family and friends struggled to understand that.”

What truly made Nicole feel whole again was getting involved with a women’s health advocacy group.

“Speaking to women at health fairs about my experience and how early detection saved my life has helped me step into my new identity as a breast cancer survivor and thriver.”

NURSE TO THE RESCUE

Always diligent about her breast exams, Nicole was first diagnosed in October 2021 after her latest scans stood apart from all the mammograms she had received during the past decade.

“The images of my right breast looked completely normal, but there were some questions about my left breast,” Nicole says. “Because I have dense breast tissue, the mammograms can be less effective in detection, so they wanted to follow up with a sonogram.”

A few days later, a biopsy confirmed the news she had been dreading: She had breast cancer. But it wasn’t long before Nicole got a boost of support that gave her the strength she needed for the road ahead.

“Within days, I received a phone call from an incredible nurse navigator at Methodist Richardson,” Nicole says.

A COLLABORATIVE PLAN

The nurse navigator put Nicole in touch with **Jenevieve Hughes, MD, FACS**, breast surgeon on the hospital’s medical staff, and together, they determined which treatment plan would work best for Nicole.

“She needed a lumpectomy surgery to remove the mass, followed by chemotherapy, radiation, and endocrine therapy,” says Dr. Hughes, who recommended the follow-up treatments because Nicole’s cancer had a high risk of recurrence at her age. “It was hard for Nicole to hear, but I reminded her that each of these treatment methods was integral to curing her cancer.”

So Nicole checked into Methodist Richardson in Jan. 2022, and Dr. Hughes surgically removed the tumor in her left breast. Afterward, Nicole underwent four rounds of chemo and 20 rounds of radiation over the course of four months.

On Aug. 22, 2022, doctors declared that Nicole was officially cancer free.

SURVIVORS WITH A CAUSE

Nicole needed help to overcome breast cancer, and she continued the healing process by helping other women who face the same battle.

With her husband’s encouragement, Nicole got involved with the Tigerlily Foundation, a national women’s health and oncology organization that provides education, awareness, advocacy, and hands-on support to young women before, during, and after cancer.

“Seeking out other breast cancer survivors who felt the same about spreading awareness was the most therapeutic choice I could have made,” Nicole says.

The foundation also stands apart for its outreach to African-American women, whose mortality rate from breast cancer is twice as high as it is for white women.

“As a biracial woman, I am drawn to this organization because there is a huge emphasis on ending the health disparities caused by a woman’s age, her personal journey, and her skin color,” Nicole says. “They empower young women to be advocates for change.”



Nicole joined the Tigerlily Foundation, a national organization dedicated to educating, supporting, and advocating for young women throughout their cancer journey.



Did you know 1 in 8 women will develop breast cancer in her life? Mammograms are the key to catching the disease early. Learn more.



Practicing yoga benefits both the body and mind, and doing these poses can be a good way to wake up and wind down

8 yoga poses TO HELP YOU WAKE UP AND SLEEP BETTER

For many households, mornings are hectic, especially on workdays and school days. Taking 10 minutes to focus your breathing and get your blood flowing can set the tone for the rest of the day.

“Yoga can help improve feelings of stress, anxiety, and burnout,” says **Mariah Burnell, DO**, family medicine physician on the medical staff at Methodist Southlake Medical Center. “It’s also a great way to bring more peace into our lives after a long day.”

At bedtime, yoga can help focus the mind and shrug off the day’s anxiety. What’s more, practicing meditation and gentle exercise before bed can reduce the time it takes to get to sleep and improve the quality of sleep you do get.

So get your yoga mats ready as Dr. Burnell shares four yoga poses to kick-start your day and four more to help you sleep better at night. First, a word of advice.

“I highly recommend incorporating yoga into your weekly routine,” Dr. Burnell says, “but if you have injuries or are concerned about exercising, make sure to consult with your physician first.”

WAKE UP

1. DOWNWARD DOG

Begin this pose by getting down on all fours, into what’s called the tabletop position. Place your hands under your shoulders and your hips directly over your knees. Spread your fingers while gripping the mat, taking the pressure off your wrists and moving it into your shoulders.

Raise your hips into the air, grounding down through the soles of the feet and palms of the hands. While engaging your core, gently tuck your head in toward your chest. You are now in the downward facing dog position.

Maintain this position and bend your left knee inward, giving your right leg a nice stretch for 30 seconds. Do the same thing using your left leg. Perform this stretch for at least two minutes.



“A great benefit of this pose is that it helps improve blood circulation,” Dr. Burnell says. “The enhanced blood flow is great for the brain to help you think more clearly.”

2. CAT COW

Start this combo pose in tabletop position, much as you did for downward dog. Align your shoulders with your wrists and make sure your hips are over your knees.

This time, inhale deeply while curving your lower back and gazing upward like a cow mooing at the sun. Exhale deeply and reverse the movement by curving your belly inward and arching the back. This will make your body transform into a cat pose stretch. Inhale deeply to repeat the process again for two minutes.

“Cat cow is an easy pose that can help power up your brain to improve focus, mental stability, and coordination,” Dr. Burnell says.

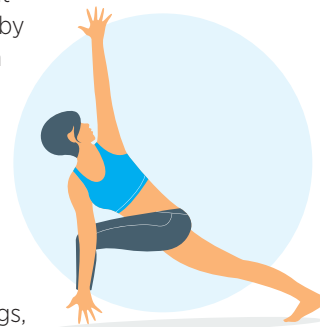


3. LOW LUNGE WITH A DRAGONFLY TWIST

This pose might seem intimidating, but it sounds harder than it really is. Start by standing with both feet together, then step back with your left foot.

Take a deep breath and twist your torso over the right leg, while reaching straight up with your right arm and straight down with your left arm. Hold this pose for at least five deep breaths.

“This posture brings life into your legs, hips, lower back, chest, and shoulders,” Dr. Burnell says. “It also stretches your calves and hip flexors.”



4. MOUNTAIN POSE

This simple pose is one of the most important because it helps you find your balance and keeps you rooted in the present moment. Start by standing with both of your feet planted on the ground. Roll your shoulders back, then up and down. Turn your palms forward as you breathe in and open your chest, breathing deeply.

“Mountain pose helps us gain strength and stability,” Dr. Burnell says. “It also helps you feel present and aware in the moment — a great mindset to start the day.”



WIND DOWN

5. EXTENDED CHILD'S POSE

Child's pose helps you unwind and relax. Start by sitting on your knees with your toes together and knees apart. Lean forward so knees are on either side of the torso, stretching your arms and reaching your fingertips out as far as they can go. Inhale deeply, slowly exhale, and try to rest your forehead on the mat if you're able to stretch that far.

“If your forehead can't reach the mat, you can rest your head on your arms and still receive a relaxing stretch,” Dr. Burnell says. “It's an intense position, but it really helps you wind down.”



6. WATERFALL

The waterfall is a relaxing pose that relieves stress in the legs and feet. While in this position, focus on your breathing. If you need help with balance, you can use a wall for support. In fact, this pose is also called “legs up the wall.”

“This pose increases blood circulation and helps alleviate excess fluid buildup in the legs,” Dr. Burnell says.

To get into this position, start by lying on your back with your knees bent and your feet pressed flat against your mat. Inhale deeply and pretend a string is pulling your belly up into the air. Place a pillow or yoga block under your lower back and rest your weight on it.

Inhale deeply again and raise your left leg straight up into the air. Next, exhale and raise your right leg.



7. HAPPY BABY

Who doesn't love a happy baby? To achieve this pose, lie flat on your back, inhale, and slowly bring your knees close to your chest. Lift your arms and grab your big toes.

While holding your toes, deepen the stretch by gently opening your hips and widening your legs. Continue to keep your head on the mat as you gently rock your body from side to side (like a happy baby) for 30 seconds to a minute.

“If you're looking for a pose to improve your flexibility, happy baby can help you get there,” Dr. Burnell says. “This pose helps stretch out your back, spine, inner thighs, and groin area.”

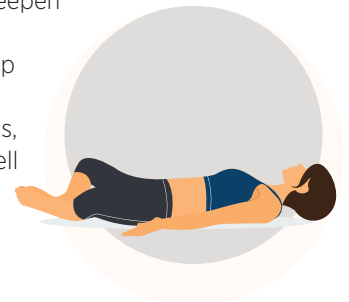


8. RECLINING BUTTERFLY

Our last pose focuses on stretching out the lower body. Lie on the floor with your knees bent and your palms resting flat on the mat. Next, put the soles of your feet together and open your legs like a butterfly. Lower your knees as close to the mat as possible to deepen the stretch.

“The reclining butterfly can help alleviate back pain, as well as stretch the groin, hips, hamstrings, triceps, and abductors,” Dr. Burnell says.

Hold this stretch for five to 10 breaths.



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



Yoga or Not: Get Your Exercise

Dr. Burnell notes that the Centers for Disease Control and Prevention recommends 150 minutes of moderate-intensity exercise weekly for optimal heart performance and overall health benefits.

“Yoga can certainly count toward this time,” she says. “It's unique in that it can provide benefit for a variety of health issues, including low back pain, osteoarthritis, and hypertension.”

It's no wonder practicing yoga can also help us improve our sleep and start our days off on the right foot.

Back to her grandbabies

AFTER COLON SURGERY

Grandmother won't put off next colonoscopy after her last found large polyp

Dorothy Reed preaches the importance of colon cancer screenings. The results of her latest colonoscopy revealed a condition that nearly cost her precious time with her two young grandchildren.

Thanks to a minimally invasive “keyhole” procedure at Methodist Charlton Medical Center, the 65-year-old from Dallas is enjoying time with her family again.

“I am so grateful to be back doing what I love — keeping up with my grandbabies,” Dorothy says.

Those moments seemed fleeting in February when a colonoscopy turned up a polyp big enough to worry Dorothy's doctor, **Paul Hackett, MD**, colorectal surgeon on the medical staff at Methodist Charlton.

“The larger the polyp size, the higher the risk of it turning into colon cancer,” Dr. Hackett says. “The risk increases significantly when the polyp is larger than 10 millimeters in diameter, and hers was 23 millimeters.”

SCREENING IS DELAYED

Like so many seniors, Dorothy found her life upended by the pandemic, which led to her losing her job and health insurance.

That, in turn, delayed a colonoscopy she had scheduled for late 2020. “The company I had been with for many years eliminated my position, so I was forced to retire early and look for new health insurance coverage,” she says. “By the time I was able to sort that out and schedule a colonoscopy with a new doctor, 18 months had passed.”

Dorothy admits she also waited too long to have her first colonoscopy at age 59. While 50 was once the suggested age for an initial screening, patients with an average risk for colon cancer are now advised to begin screenings at age 45. That's because colorectal surgeons are now seeing more patients in their 30s and 40s, what's called “early age” colon cancer.

FIRST POLYP FOUND

The results of Dorothy's first colonoscopy were normal, but her second screening, in 2019, revealed a polyp.

“During this colonoscopy they discovered a small polyp and were able to remove it in the same procedure,” Dorothy says.

That's not uncommon for someone Dorothy's age — up to 40% of middle-aged adults have polyps — but it would mean she would need colonoscopies more often moving forward.



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WHAT I LOVE:
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GRANDBABIES.**

— DOROTHY REED

Dorothy cherishes her time with her granddaughter, Liya, and daughter, LaToya.



"At the time, I didn't realize that I would need to undergo annual colonoscopy screenings now that I had already developed polyps" she says.

WORRISOME DISCOVERY

Four years later, Dorothy underwent her third colonoscopy, this time with Dr. Hackett. He discovered a large polyp in Dorothy's colon, on the upper, right side of the abdomen, what's called the proximal transverse colon.

It wasn't just the size of the polyp that was concerning. It was also very flat and resistant to Dr. Hackett's attempts to lift it away from the colon wall using a liquid solution.

"The safest method for removing a flat polyp is to lift it away from the colon wall before removing it to reduce the chance of tearing a hole in the wall of the colon," he explains. "Failure to lift often happens with cancerous polyps that have grown into the lining of the colon."

Once it became clear that the entire polyp could not be safely removed during the colonoscopy, Dr. Hackett took a sample of the polyp to send to pathology.

HOME AFTER A FEW DAYS

Pathology results revealed Dorothy had a type of polyp called a tubulovillous adenoma, a type of adenoma more likely to become cancerous.

Still, while 50% of the population develop such polyps, fewer than 10% become cancerous.

"Dr. Hackett was very thorough when he met with my daughter and me to discuss my pathology results and surgical options," Dorothy says. "I felt immediately confident I had the right surgical team and was eager to get it on the calendar."

On June 9, Dorothy underwent minimally invasive laparoscopic surgery on her colon. Using a camera and specialized surgical instruments, Dr. Hackett removed the section of her large intestine with the polyp and then reattached her small intestine to the remaining colon.

"I stayed a few nights in the hospital and only experienced mild pain," Dorothy says. "Now I'm back to walking the trails with my active 84-year-old mother and traveling."

Colon cancer is the fourth most common cancer in the United States. Learn more about three simple steps to help find it early.



COMMUNITY

METHODIST DALLAS

NURSES VISIT CAREER FAIR IN WEST DALLAS

Children at the Eladio R. Martinez Learning Center College & Career Fair were joined by nurses from Methodist Dallas. Members of the nursing staff traveled to West Dallas to share their own educational pathways and some of the items used on a daily basis within their units. The nurses delivered their presentation in English and Spanish.

SURVIVORS SAY 'PEACE OUT' TO BREAST CANCER

The Linda and Mitch Hart Breast Center stepped back into the 1970s with its "Peace Out, Breast Cancer" theme for this year's survivor event. Breast cancer survivors and their closest supporters were invited to the hospital where many began their journey from diagnosis to treatment and beyond. This opportunity gave staff the chance to not only see their patients, but educate their loved ones on the importance of early detection. Along with food, sweets, and raffles, the crowd enjoyed several photo opportunities, a bracelet-making station, and mocktails.



METHODIST RICHARDSON

FOUNDATION CUTS A RUG FOR FUNDRAISING GALA

Salsa dancing spiced up this year's Call for Compassion gala, a fundraiser organized by the Methodist Richardson Foundation. About 450 attendees met at The Renaissance Dallas Richardson Hotel and moved to the rhythm of the night, which fit the Havana Nights theme. The \$370,500 raised that evening will help expedite the purchase of a new 3D mammography machine. The remaining funds and those from a successful North Texas Giving Day will be applied to early screening for colorectal, lung, and skin cancers.

LAB AND PHARMACY GROW INTO NEW SPACES

Methodist Richardson has reached the home stretch of its \$46 million expansion project with the completion of the new lab and pharmacy. The first phase of the project included 10 new emergency room beds, which opened in June. The lab and pharmacy moved into their new area in October, occupying about 5,000 square feet each, nearly double the previous space. The final phase of the construction to add 10 ER beds and trauma rooms will be complete next summer.

HIGHLIGHTS

METHODIST CHARLTON

FIREFIGHTER PUTS METHODIST TRAINING TO USE

Hospital staff helped honor a Glenn Heights firefighter who put skills he learned at Methodist Charlton to good use delivering a baby. The City Council recognized Seth Reece for safely delivering a baby in an ambulance on the way to Methodist Charlton on Sept. 10, relying on the training he received from NPD Generalist **Kimberly Burgess, BSN, RNC-OB**, a week earlier at the fire department. The hands-on training, developed by the maternal program, uses a birthing stimulator to teach first responders how to care for pregnant and postpartum patients being transported to the hospital.

FASHION SHOW PUTS SPOTLIGHT ON SURVIVORS

Methodist Charlton hosted its first annual Celebrating Survivors Fashion Show and Panel Discussion to raise breast cancer awareness in October. The event was a smash hit with 130 guests in attendance. Methodist Charlton's own breast cancer patients and survivors served as models who strutted their stuff down the catwalk in the auditorium. "We saved so many lives today," President **Fran Laukaitis, RN, BSN, MHA, FACHE**, said, referring to the awareness raised by the event.



METHODIST MANSFIELD

FUNDRAISER HELPS FEED STUDENTS

Members of Methodist Mansfield staff rallied together to fight food insecurity in Mansfield ISD. Employees held a fundraiser to support student meals. Sondra Thomas, the district's assistant director of student nutrition, expressed the gratitude of the entire Mansfield ISD food services team for Methodist Mansfield's contributions to student nutrition and the Angel Account.

5K PROMOTES HEART HEALTH IN COMMUNITY

The ninth annual Mansfield Run with Heart inspired more than 475 community members to lace up their sneakers for a meaningful cause. The half marathon, 5K, and fun run celebrated heart champions and survivors of heart attacks while challenging participants to adopt heart-healthy lifestyles in Mansfield. The event exemplified the community's commitment to heart health and everyone's well-being.

METHODIST MIDLOTHIAN

PINK OUT GAME RAISES BREAST CANCER AWARENESS

Hospital staff took part in Midlothian High's annual "Pink Out" football game, where \$10,000 was raised to support Methodist Midlothian's radiology unit. Fans wearing pink shirts filled the MISD Multi-purpose Stadium to show their support for those in our community who have been impacted by breast cancer. Additionally, several physicians on the medical staff and members of the radiology team at Methodist Midlothian honored Sissy Franklin, a breast cancer survivor and local community icon, during pre-game activities. She is the director of an Ellis County food pantry and social services organization whose own crisis led her to seek care at Methodist.

SAFETY FAIR PREPARES FAMILIES FOR EMERGENCIES

Staff members from the emergency department at Methodist Midlothian provided safety tips, and families learned how to develop an emergency plan during the Ellis County Emergency Preparedness Fair. The event brought together first responders and other emergency preparedness experts for a day of demonstrations along with children's activities, food trucks, live music, and more. Community members learned more about hospital service lines and various resources available in Ellis County.



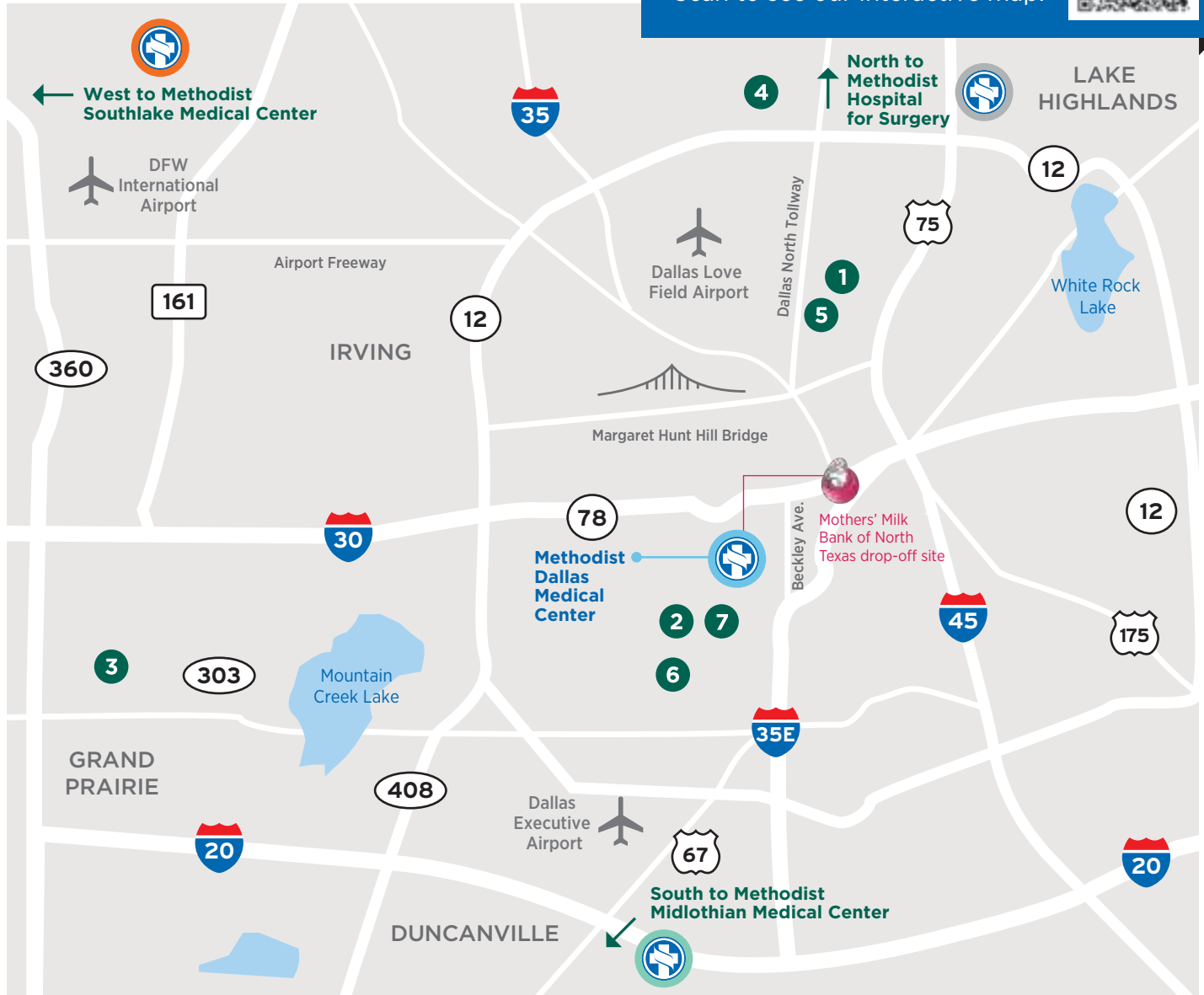
METHODIST SOUTHLAKE

HOSPITAL CELEBRATES INDIAN CULTURE

Staff took part in the annual Diwalifest on the Southlake Town Square, a celebration of Indian culture that has quickly become an Methodist Southlake favorite. Staff passed out hundreds of blue ring pops and other Methodist-branded goodies. President **Benson Chacko, FACHE**, addressed the crowd wearing his blue kurta. Residents celebrated the culture and traditions through dance, entertainment, and food from various parts of India.

STAFF BREWS UP FAMILY FUN AT OKTOBERFEST


Methodist Southlake was once again the title sponsor for Oktoberfest. The family-friendly festival took place on the Southlake Town Square from Oct. 13 to 15. The event included German food and drink vendors, Sports and Family Fun Zone, and the famous Wiener Dog Race. There were plenty of smiles, laughter, and teamwork during the three-day festival.



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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Offering specialized care through:

The Transplant Institute at Methodist Dallas

The Liver Institute

Methodist Digestive Institute

Methodist Moody Brain and Spine Institute

The Linda and Mitch Hart Breast Center

Learn more at

MethodistHealthSystem.org/Dallas

or call **(469) 908-2125**

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