

SHINE



EXTREME ATHLETE RISES ABOVE TRAUMA

HEALING ACHILLES
INJURIES **FASTER**



Methodist
RICHARDSON MEDICAL CENTER

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Understanding the risk factors for stroke — **and making changes to lower blood pressure and cholesterol** — can help you stay safe.



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MOTHER BATTLES BREAST CANCER
‘HEAD ON’
WITH FAITH AND FAMILY

Diagnosed at age 38, this mother from Grand Prairie underwent four surgeries and 16 rounds of chemotherapy

Thandi Montgomery was a 38-year-old mother of two when she felt the pea-sized lump that would begin her battle with stage 1B breast cancer.

Over the next year, she had four surgeries (including a double mastectomy) at Methodist Mansfield Medical Center, followed by 16 rounds of chemotherapy and 30 days of radiation. But it's another number that shocks Thandi to this day.

"The stats are unbelievable," she says. "In the U.S., 1 in 8 women will be diagnosed with breast cancer in her lifetime, and never in a million years did I think I would be in that smaller group."

The diagnosis was a harsh wake-up call for the Grand Prairie mother, who, even before getting sick, conducted monthly self-exams, saw her doctor each year, and took proactive measures to lower her risk.

"I thought I had checked every box to stay cancer-free," says Thandi, who has no family history of the disease but is conscientious about her health. "Life is a series of controllable and uncontrollable events. When I initially received the diagnosis, I felt that I had lost control."

Thandi credits her family, faith, friends, and the team at Methodist Mansfield for helping her "tackle this head on and regain control."

"My care at Methodist Mansfield was phenomenal," says Thandi, who also delivered her daughter there seven years ago. "The team of nurses and the team of doctors — they were so attentive. I wouldn't be where I am right now without them."

EARLY DETECTION

Thandi was doing one of her self-administered breast exams in August 2021 when she noticed a lump. She immediately made an appointment with her primary care provider, who confirmed her worst fear: Thandi had invasive ductal carcinoma.

"It felt as though someone literally knocked the wind out of me," Thandi recalls. "Those words, 'You have cancer' force you to put things into perspective. Nothing else mattered in that moment."

Her doctor referred her to the Breast Center at Methodist Mansfield, where she was able to see **Arianne Gallaty, MD**, breast surgeon on the hospital's medical staff, the next day. Although data from the American Cancer Society estimates that the median age of a breast cancer diagnosis is 62, Dr. Gallaty and other experts are noticing a rising trend among younger patients like Thandi.

"Invasive ductal carcinoma is the most common type of breast cancer there is," Dr. Gallaty says. "A lump can be a presenting symptom, but many patients have no clinical signs of breast cancer. That's why we advocate for annual mammograms, the best screening tool we have today to detect breast cancer at an early stage."



**DURING MY JOURNEY,
I LEARNED A LOT
ABOUT WHO I AM
AT THE CORE. NOW,
I AM ON A MISSION TO HELP
WOMEN ALL AROUND THE
WORLD SHIFT FROM MERELY
EXISTING TO LIVING.**

— THANDI MONTGOMERY

But what's considered "early" depends on more than just age, Dr. Gallaty continues. While most health organization guidelines recommend women begin annual screenings at age 40, some patients may need more vigilant testing due to factors such as family history and genetic mutations.

FIGHTING CANCER

Dr. Gallaty performed a bilateral mastectomy for Thandi on Dec. 3, 2021, but a couple of weeks later, Thandi received more devastating news. The cancer was multifocal and had spread to her lymph nodes. Another surgery was needed, so a week before Christmas, Thandi was back in the operating room.

Thandi's husband, Josh, their two children, other relatives, and friends rallied around her. Along with providing love and encouragement, they talked on the phone each week to pray together. In January 2022, Thandi had a third procedure to implant a port for administering chemotherapy drugs.

"Because of what I'd heard about side effects, I was very apprehensive about taking chemo," Thandi says. "But I did extensive research and quickly realized that every drop of chemo would give me the opportunity to live. Your situation changes when your mindset changes."

Instead of focusing on creating advertising campaigns for her clients, the high-achieving marketing executive directed all her energy to devise plans to optimize her health. She sought help from a therapist, improved her diet and exercise routine, took nutritional supplements, and even created a spreadsheet to track the steps she would need to take to alleviate the side effects of chemotherapy.



"Cancer is not just physical. It's emotional. It's mental," Thandi says. "Even my kids would say, 'Mommy, let's go work out. Let's go exercise. Drink your water.' They were championing me the entire time."

HELPING OTHERS

A month of radiation treatments followed 16 rounds of chemotherapy before Thandi was well enough to undergo breast reconstructive surgery, which was performed by **Ameen Habash, MD**, plastic surgeon on the medical staff at Methodist Mansfield.

About a year after her diagnosis, doctors told Thandi that her cancer was in remission.

"That news was a breath of fresh air," Thandi says, remembering how she felt when she heard the good news. "Now it's time to live and help others live as well."

After making it through her breast cancer experience, Thandi says she feels a sense of responsibility to reach out to other women going through similar treatment and lift them up. She now speaks, develops courses to empower those who have gone through traumatic experiences, and collaborates with cancer organizations to advocate for others.

"It's my duty to help my fellow pink sisters, those other '1 in 8 women,' to let them know, 'You're going to be okay,'" Thandi says. "During my journey, I learned a lot about who I am at the core. Now, I am on a mission to help women all around the world shift from merely existing to living."



Did you know 1 in 8 women will develop breast cancer in her life? Mammograms are the key to detecting the disease early. Visit ShineOnlineHealth.com to learn more.





GIVE MOCKTAILS A TRY

AND YOUR LIVER A BREAK

Binge drinking can damage the brain, liver, and heart, so it's no wonder that nonalcoholic drinks are in demand post-pandemic

Cutting back on alcohol has become a year-round pursuit for some, no longer constrained by “Dry January” or “Sober October,” and health experts consider that a big win.

“Alcoholism is on the rise in more women and in younger populations,” says **Ashwini Mehta, DO**, transplant hepatologist on the medical staff at Methodist Dallas Medical Center. “Now, post-pandemic, people are becoming more mindful about what they’re putting into their bodies.”

Excess drinking can cause long-term damage to the brain, liver, heart, pancreas, stomach, and kidneys, so it’s no wonder that nonalcoholic beer and mocktails are in demand post-pandemic.

For those drinkers hoping to cut back, mocktails can serve as a suitable alternative without the health concerns. Even a 30-day break, a so-called “dry month,” can be beneficial in the moment and in the long run.

Dr. Mehta talks about the benefits, from weight loss to lower blood pressure.

WHAT ARE THE BENEFITS?

For moderate to heavy drinkers, abstaining from alcohol, even for a month, improves mood, energy levels, and sleep quality. Cutting out alcohol can even help with weight loss.

“Giving your body that 30-day break can be really beneficial for you in the long run,” Dr. Mehta says. “Research shows that drinkers who abstained from alcohol for a month had reduced blood pressure issues, reduced cardiovascular issues, and memory impairment was less common.”

Patients, young and old, can reap the rewards because sobriety also reduces liver fat, blood sugar, and cancer-related proteins in the blood.

ALCOHOL AND YOUR HEART

Drinking more than one alcoholic beverage a day if you’re a woman or two if you’re a man negatively affects heart health. According to the American Heart Association (AHA), too much alcohol can raise your blood pressure and triglyceride levels, lead to excess weight gain, and increase your risk for heart disease and stroke.

Limiting your alcohol consumption and choosing drinks with fewer calories and less sugar could help curb these effects — and don’t discount the health benefits of whole, unfermented grapes. The AHA notes that eating grapes and drinking grape juice may provide the same flavonoids and antioxidants as red wine.



“We’re seeing younger and younger people coming in with alcohol-related liver injury,” Dr. Mehta says. “Nationwide, several transplant programs are seeing a much younger generation with alcohol-related liver failure.”

Also, women have been drinking more, both during and after the pandemic, using alcohol as a stress reliever. Unfortunately, women have less water weight to dilute alcohol’s toxic effects and less alcohol dehydrogenase, an enzyme in the liver that helps break down alcohol.

“One alcoholic beverage in a woman is probably twice as much as it would be for a man, as far as the toxicity is concerned,” Dr. Mehta says.

INGREDIENTS AND RECIPES

A mocktail is a nonalcoholic mixed beverage that contains flavorful ingredients meant to replace the alcohol in cocktails.

Creating mocktails at home offers the opportunity to enhance a social event or gathering without feeling the need to consume.

A few mocktail recipes you can try include the old standby Shirley Temple, strawberry daiquiris with limeade in place of rum, and punch that substitutes lemon-lime soda for champagne.

HOW ALCOHOL DEHYDRATES

It sounds like an oxymoron to say that drinking causes you to become dehydrated. However, if your beverage is alcoholic, you may be dehydrating yourself by drinking. Alcohol can act as a diuretic, causing your body to dispel water and salt from the body through urine. Drinking a beer or two is typically not enough to cause alcohol-induced dehydration. The more you drink, though, the more likely you are to rid your body of fluid it needs to stay properly hydrated.

MOCKTAILS ARE NOT FOR EVERYONE

For those struggling with alcoholism, mocktails won't solve the underlying problems that lead to binge drinking.

"As a liver doctor, I treat alcoholism like it's high blood pressure or diabetes or cancer," Dr. Mehta says. "Treating it often involves digging deeper into the root cause of a person's drinking."

Anyone who suffers from alcoholism may want to seek counseling and steer clear of nonalcoholic beverages that resemble cocktails.

"At the Liver Institute, we help promote a happier and healthier physical and mental well-being," she says. "Counseling can do amazing things for people who drink because of underlying anxiety or depression."

Find more nutrition
tips and recipes at
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“

RESEARCH SHOWS THAT DRINKERS WHO ABSTAINED FROM ALCOHOL FOR A MONTH HAD **REDUCED BLOOD PRESSURE ISSUES, REDUCED CARDIOVASCULAR ISSUES, AND MEMORY IMPAIRMENT WAS LESS COMMON.**

— DR. MEHTA

A 28-year-old thrill seeker from Lewisville is on the road to recovery after emergency surgery to repair a traumatic leg injury



EXTREME ATHLETE RISES ABOVE **TRAUMA**

Michael Laureta thrives on the adrenaline rush that only his athletic endeavors can provide, but he also knows that risks come with that reward.

"I love being active, especially outdoors with activities like running, swimming, and biking," Michael says.

When he's not running triathlons or rock climbing with friends, Michael might spend an afternoon swinging off a rope into a creek. Fortunately, that creek was just a couple of miles away from a Level III Trauma Center when Michael shattered his femur in September.

"I landed in the right hands after my overconfidence that day," Michael says of the Methodist Richardson Medical Center trauma team who patched him up. "The months ahead of recovery are my way to honor their work."

UP A CREEK

That day began like most days off from the steakhouse where he works in Dallas: Michael was looking for a physical activity to do with friends. After a morning run with a buddy, he met up with some rock-climbing friends in Richardson.

"We grabbed some lunch and decided to do some rope swinging at a nearby creek," Michael says of their ill-fated escapade to Breckenridge Park.

This wasn't Michael's first rope swing, so he checked the quality of the rope and the safety of his landing spot before jumping in.

"I took a few turns to show the others how it's done, and then everyone was swinging and having a great time," he says.

That's when Michael decided to up the ante and do a backflip off the rope into the water, something he'd done many times before. This time, he miscalculated his rotation and landed on a submerged log, breaking his left leg.

"I knew I was hurt pretty bad, but I never considered it might be broken," Michael says. "When I couldn't stand and my friends were unable to get me back to the parking lot, we decided to call 911."

LEVEL III CARE

Paramedics rushed Michael to Methodist Richardson, where X-rays confirmed their initial suspicions that his left femur was broken at the kneecap, or patella.

"Patients like Michael benefit from receiving care at designated trauma centers like Methodist Richardson, which achieved Level III status last year," says **Usha Mani, MD**, orthopedic surgeon on the medical staff at Methodist Richardson. "Our team was able to mobilize the necessary resources quickly to treat Michael once he arrived."

Michael underwent multiple rounds of imaging to diagnose the fractures accurately and develop a surgical plan.

"It was incredibly relieving to know I wouldn't have to be transferred to another hospital or orthopedic surgeon in order to have surgery," Michael says.

MINIMALLY INVASIVE

A day after Michael's injury, Dr. Mani placed a rod in the center of his femur to stabilize the fracture and repositioned his patella with a screw, all using a minimally invasive approach.

"His surgery was complicated by the larger muscles he has



▼ Michael would need a rod inserted into his femur using a minimally invasive procedure.



from all his athletic pursuits," Dr. Mani says. "But otherwise, it was a straightforward and successful femur and patella fracture fixation."

A few days after surgery, Michael began his physical and occupational therapies.

"In the beginning, I had a lot of pain, but it lessened over the following two weeks, and I was discharged to continue my recovery at home," he says.

Since then, Michael has embraced his recovery the same way he does all his favorite activities: with a focused enthusiasm.

"Dr. Mani says there is no reason I won't achieve a full recovery if I commit myself," Michael says. "And then I'll get back to doing what I love."

Watch Michael Laureta tell his story on ShineOnlineHealth.com.



NEW ADVANCES HELP ACHILLES INJURIES HEAL FASTER



A torn heel cord is no longer a career-ender for athletes, and there's good news for the rest of us, too

If you're a sports fan, you might think a torn Achilles tendon is an injury only athletes need to worry about, but that's not the case.

"It typically happens to someone who's middle-aged, whether they are active or just happen to do something that puts them at risk," says **Mirian Okoye, MD**, family and sports medicine physician on the medical staff at Methodist Richardson Medical Center.

The Achilles tendon is a strong fibrous cord that connects the muscles in the back of your calf to your heel bone. It can tear or rupture when overstretched, whether during athletics or exercise or simply by taking a misstep.

Men in their 30s, 40s, and 50s are more likely to suffer such an injury because of trauma or wear and tear on the tendon that naturally comes with age. Women can also be at risk, especially if they frequently wear high heels, which puts stress on the tendon.

The good news, for athletes and average Joes alike, is that Achilles tendon strains and ruptures can now be treated with minimally invasive techniques that allow the injury to heal more quickly.

"Patients can discuss minimally invasive options with their orthopedic surgeon to determine which approach best suits them," Dr. Okoye says.

HOW TO SPOT IT

Among the general public, approximately five to 10 people per 100,000 suffer Achilles tears each year, and over 80% of those ruptures occur during recreational sports, according to a 2023 study.

The most common signs of a rupture are:

- Popping or snapping sound
- Feeling of being kicked in the calf
- Not being able to bear weight
- Swelling around the heel and heel pain
- Difficulty bending the foot downward

“The biggest sign is not being able to stand on your tippy toes or point your foot downward while sitting,” Dr. Okoye says. “That’s because plantar flexion, or pointing your foot away from your leg, is the main action controlled by the Achilles tendon.”

HOW IT HAPPENS

Achilles injuries are typically the result of strain, overtraining, or sports-related trauma caused by repeatedly using the same parts of the body.

“Your body is used to whatever your usual activity is at baseline,” Dr. Okoye says. “When you start to add new elements to your workouts or routine, that baseline has now shifted.”

Activities that raise the risk of Achilles injury include dance, aerobics, rock climbing, and sports that require frequent jumps or hard lateral movements, such as basketball, gymnastics, and football. Runners can also injure the tendon while pushing off the ground.

But you don’t have to be all that sporty to tear your Achilles, especially for a patient who’s middle-aged, overweight, or obese. For that matter, it’s a risk at any age.

“A person could be walking around, step in a hole and rupture their Achilles,” she says. “That has nothing to do with their age.”

HOW IT’S TREATED

The Achilles tendon is the longest and strongest tendon in the body, but like most ligaments, it has a downside: poor blood supply.

This lack of blood flow means any injury to the tendon takes longer to heal. In the past, the recovery timeline for a return to sports could be anywhere from six to 12 months.

“Whether the patient has surgery or not, allowing sufficient time to rehabilitate the injury is crucial to the return-to-activity timeline,” Dr. Okoye says. “You want to be sure that your strength, range of motion, and balance are adequately conditioned to lower the risk of a second rupture.”

But new techniques may allow athletes like NFL quarterbacks Aaron Rodgers and Kirk Cousins to return to the field in a fraction of that time.

A SpeedBridge repair (the full name is Arthrex Minimally Invasive Achilles Midsubstance SpeedBridge) is a minimally invasive procedure that can drastically shorten recovery time and achieve better postoperative range of motion, Dr. Okoye says.

Nonathletes may be better candidates for other surgical techniques, but studies show that minimally invasive approaches enable patients to return to baseline activities as soon as five months after surgery.

HOW TO PREVENT IT

Of course, avoiding an Achilles injury is the best scenario. There are many ways to help prevent or minimize the chance of injuring the tendon:

- **Condition slowly.** To lower the risk of overuse, gradually increase the intensity of workouts by a small percentage each session to allow the body to get accustomed to the regimen.
- **Stretch.** Before exercising or fully participating in a sport, stretch the calf muscles until you feel a pull, not pain. This helps strengthen your tendon and allows the flexibility necessary to perform.
- **Choose footwear wisely.** Wear the appropriate footwear for the activity, whether it is basketball, running, or soccer. Good cushioning, ankle support, and sole traction are all important factors.

Sleep is also crucial for injury prevention, as well as recovery, because it allows your body to rest and heal, Dr. Okoye says.

“When you feel better, you sleep better, and you are able to move around better,” she says. “They all play into each other.”



Get back to peak performance with help from the orthopedic and sports medicine specialists at Methodist Richardson.





COACH FEELS LIKE A KID AGAIN

AFTER WEIGHT-LOSS SURGERY

Now 130 pounds lighter, this father of two says he did it for kids, both his own and those on his team

Tremont Davis had life-changing weight-loss surgery at Methodist Charlton Medical Center after getting the wake-up call he needed when he hit 400 pounds.

"They told me it was a possibility that I could go to sleep one night and not wake up," says Tremont, 32. "Now I actually feel like I'm getting younger. It's like I'm a kid again."

As a football coach at Kennemer Middle School in Duncanville ISD, Tremont takes pride in being a mentor.

But walking pre-teens through practice drills was a challenge at his old weight.

"Coaching means life to me, and I couldn't get in the trenches with them," says Tremont, who has lost 130 pounds so far. "This season, I could get active with them and push them to the limit."

There was a time, however, when Tremont was pushing his own limits because of his weight and the many complications it caused.

MANY LIMITATIONS

Tremont initially sought help from Methodist Charlton in October 2022, after years of health problems that included diabetes, high blood pressure, and sleep apnea so severe he would fall asleep in the middle of conversations.

“During his initial visit, we literally had to shake him to ask the next question,” says **Jin Sung, APRN, FNP**, a nurse practitioner who works with **William Posligua, MD**, interventional cardiologist on the medical staff at Methodist Charlton.

Tremont went to the clinic when the excess weight put such a strain on his heart that he developed congestive heart failure.

“At that size, there’s only so much you can do to lose weight on your own,” Tremont says. “There’s a limitation to everything.”

Mobility and fatigue plagued Tremont whenever he tried to play with his two young children, let alone coach a football team.

“I was motivated by more than coaching,” Tremont says. “I have a son and a daughter, so I like to do stuff with them.”

MORE LIFE TO LIVE

Realizing his health was his wealth, Tremont wanted to be there for his children for decades to come, and something his doctors told him inspired him to make a change.

“Typically, someone in their early 30s with Tremont’s medical problems is looking at a much shorter life, probably not making it beyond 50 years old,” says **Manuel Castro-Arreola, MD**, bariatric surgeon on the medical staff at Methodist Charlton.

That led Tremont to have weight-loss surgery with Dr. Castro on July 5, 2023. He had a gastric sleeve procedure, which is performed with a scope and minimally invasive techniques to reduce the size of the stomach so patients feel full quickly and eat less.

“The normal capacity of the stomach is roughly a quart and a half and can be as little as 4 or 5 ounces shortly after surgery,” Dr. Castro says. “It’s a significant decrease in the volume of the stomach.”

Coupled with lifestyle changes, the procedure can set off a cascade of metabolic changes that help correct many chronic conditions, including high blood pressure, diabetes, and heart disease — and in the process, extend life expectancy.

LIKE A NEW MAN

Since his surgery, Tremont says he feels like a “new man.”

His blood pressure has returned to normal, he says, and he’s more careful about what he eats, cutting back on greasy foods.

He has also cast aside the regimen of maintenance medications he once had to take. He’s stopped using his CPAP machine to treat his sleep apnea.

“He’s very healthy and happy. He’s smiling away,” says Sung, his cardiologist’s nurse practitioner. “This is a far cry from day one when he couldn’t carry on a conversation.”

Now weighing less than 300 pounds, Tremont credits the team at Methodist Charlton for turning his life around.

“I appreciate Methodist from the bottom of my heart,” he says.

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



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

हिंदी (Hindi)

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

ગુજરાતી (Gujarati)

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

日本語 (Japanese)

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。まで、お電話にてご連絡ください。



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Finding joy and harmony **WHILE HEALING A HEART**

An A-fib patient overcame an aversion to hospitals,
thanks to a staff that treated him like family

Hospitals may never be Bob Helland's happy place, but Methodist Mansfield Medical Center offered a welcome respite when his heart went haywire last summer.

The longtime Arlington resident had dealt with atrial fibrillation (A-fib) for years. But the pain and palpitations returned after a yearlong respite in July, so his wife, Julia, drove him to the ER. He says she chose the perfect place.

"I've been in many, many hospitals," says Bob, who lost his teenage daughter to colon cancer eight years ago. "The staff at Methodist Mansfield was different than any of my previous experiences."

Bob was surprised how "extra special" the staff treated him as he was quickly shuttled from the ER to undergo a cardioversion, a series of electric shocks that restore a normal heartbeat.

"Their actions and kindness helped ease this stress for us more than I have the words to say," Bob recalls. "That is remarkable."

CHOOSE JOY

Since his daughter Taylor passed in 2016, Bob has striven to follow her mantra: choose happiness.

"She just had a remarkable effect on folks," he says. "She was always finding joy."

Some days, choosing joy is a tough task, including the last time Bob wound up in the hospital for atrial fibrillation.

Back then, he needed to undergo an ablation, a minimally invasive procedure that uses heat (or sometimes extreme cold) to block electrical signals in the heart.

"That was a different hospital," Bob says. "And I didn't have a great experience there. But the procedure worked really well for about a year."

But in July 2023, chest pains and a racing heart compelled Bob to visit Methodist Mansfield. And from the moment he and his wife entered the hospital, the staff made them feel like "we were the most important people in the world."

"I had the feeling that everybody in the hospital somehow knew what we had been through with our daughter," he says. "But we would learn later that nobody knew."

ATRIAL FLUTTER

During A-fib, the most common type of cardiac arrhythmia, the right and left atria (the upper chambers of the heart) are out of sync with the ventricles (the lower chambers).

"A-fib causes an increased risk of stroke and symptoms like a racing heart, palpitations, fatigue, shortness of breath, heart failure, and light-headedness," says **Amit Guttigoli, MD**, cardiologist on the medical staff at Methodist Mansfield.

An electrocardiogram helped determine that Bob's A-fib had developed into an atrial flutter, a less common condition where the chambers of the heart beat up to four times faster than a normal rate of 60 to 100 bpm.

“

THERE ARE TRULY SPECIAL
PEOPLE IN THIS WORLD,
AND A HECK OF **A LOT**
OF THEM WORK AT
METHODIST MANSFIELD.

— BOB HELLAND





▲ A yellow butterfly holds special significance for the Hellands, signifying the joy that Taylor (above left photo, on right) spread.

While Dr. Guttigoli had performed the ablation that resolved Bob's previous arrhythmia, this time they would have to turn to another option: electrical cardioversion.

"We had to shock him to get him back into a regular rhythm," Dr. Guttigoli says. "With a combination of ablation, medications, and cardioversion, we were able to keep him in a regular rhythm."

During a cardioversion, the patient is first sedated before the doctor delivers an electrical shock through two paddles placed on the right side of the chest and left ribs. The shock resets the heart, restoring a normal heart rate, or "sinus rhythm."

"When I woke up, everything was just back to normal," Bob says. "Now I have a really steady heart rate, and I feel much better."

SPECIAL PEOPLE

In the days after his procedure, Bob made it a point to share his good experience with Methodist Mansfield President **Juan Fresquez, MBA**.

Bob asked how the staff knew about his daughter and what he and his wife had gone through in hospitals from Houston to Dallas-Fort Worth.

"This was news to him, and he told me every member of the staff is taught that you never know what somebody's going through during what might be the toughest times in their lives," he says. "So treat everybody special."

Bob says the staff embraced that wisdom, just as their daughter Taylor did, by choosing to bring joy to others.

"There are truly special people in this world, and a heck of a lot of them work at Methodist Mansfield," Bob says.

**Trust your heart to Methodist
with advanced cardiology care
that's close to home. Learn more.**



HOMETOWN HOSPITAL

MET THIS FIRST-TIME MOTHER'S EVERY NEED



Teacher of the Year “couldn’t have asked for better” care

For first-time moms, choosing the right hospital can be a daunting task, but Midlothian native Alexandria Hurst says she immediately connected with the labor and delivery team at Methodist Midlothian Medical Center.

The second-grade teacher says that not only did **Jason Brown, MD**, OB-GYN on the hospital’s medical staff, answer her “hundreds of questions,” but the private suite she was given made her feel even more at ease.

Dr. Brown says the patient rooms were designed with parents’ comfort in mind.

“I tell all my patients this hospital is like a boutique hotel — it offers all the amenities of a large hospital but in a smaller, more intimate setting,” he says. “Alexandria was a wonderful maternity patient, and I couldn’t be more pleased that she loved her labor and delivery experience at Methodist Midlothian.”

HOMETOWN HOSPITAL

Alexandria has called Midlothian home since childhood. She works for the local school district, where she was named a 2023 Teacher of the Year. When she and her husband decided to start a family last year, her search for the right physician led her straight to the city’s first and only hospital.

“I couldn’t have asked for a more patient or knowledgeable OB-GYN and team,” Alexandria says.

Dr. Brown says that other than some swelling in her legs and feet around 35 weeks onward, Alexandria had an uncomplicated pregnancy.

“She was very inquisitive about her pregnancy as well as about labor and delivery, which is typical of most first-time moms,” Dr. Brown says. “It is always a pleasure to walk my patients through that part of the journey.”

HOSPITALITY AND COMFORT

Alexandria and her husband opted to induce labor the day before her due date in September 2022.

“We were scheduled to arrive in the evening, and I remember my husband and I commenting on how easy it was to find parking and navigate our way through the hospital to get to the labor and delivery floor.”

Nurses greeted them warmly and promptly before escorting them to one of the six patient rooms.





"I couldn't believe how large and well-appointed it was," she says. "It reminded me of a private suite."

Dr. Brown arrived shortly after Alexandria was settled and started the induction process.

"I told her that it would likely take overnight for the medication to initiate labor so she should relax and eat a good breakfast," he says. "I would be checking on her regardless."

WELCOMING HER FIRST CHILD

Alexandria soon began feeling a cramping sensation, which she had been told was normal with this type of induction.

"I remember getting a bit anxious and asking the nurses lots of questions about what was going on," Alexandria says. "They would immediately stop whatever task they were doing and answer me, which made me feel very cared for."

She also loved that her nurses expressed genuine interest in learning if she had a birth plan they could honor for her labor and delivery.

"I had the best team of nurses to keep me calm and focused through my entire labor and delivery," she says. "I couldn't have asked for better."

It wasn't long before Dr. Brown was called to action, and on Sept. 8, Alexandria welcomed a healthy baby girl, Aniston.

The new mom says the staff's authentic compassion and servant hearts helped her feel safe and confident — support she may need again one day.

"When we add to our family in the future, we will return to Methodist Midlothian with happy hearts," she says.

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



GROWTH

METHODIST RICHARDSON BUILDS ON GROWTH

The construction crane that for so long hovered over Methodist Richardson is gone but not forgotten. The crane had been in place for much of 2023 for the \$46 million project to expand the lab, pharmacy, and Emergency Department.

The first phase was completed in June when 10 new ER beds opened for patient care. The next phase was completed in early October when the lab and pharmacy moved into their new third floor space.

“While progress is always good, I have to admit I was a little sad to see the crane come down,” said Methodist Richardson President **Ken Hutchenrider, FACHE**. “It just represents that good things are happening here.”

Another \$30 million project at Methodist Richardson is well underway to finish out the fifth-floor shell space, adding 75 all-private patient suites. It will be complete by summer. That project is concurrent with the final phase of the ER expansion that will add 10 more beds, including five trauma rooms.



REMODELED CATH LAB OPENS

Methodist Richardson’s newly remodeled cardiac catheterization lab No. 2 is up and running.

The new and improved lab is part of Methodist Richardson’s capital investment campaign to enhance cutting-edge technology that advances the hospital’s goal to offer high-quality cardiovascular services to the community. The hospital currently has three cardiac cath labs total.

“Our team has decades of experience performing these complex procedures,” says **Nhan Nguyen, MD**, Medical Director of Cardiology. “Now we’re able to do these procedures in a brand-new environment with the latest tools and techniques, which will improve patient care.”

The \$3.5 million renovation project replaced and updated all of the equipment that was moved from the Campbell Road location after the Bush/Renner campus opened in 2014.

METHODIST RICHARDSON FOUNDATION CELEBRATES GALA IN SAUCY STYLE

Things heated up at Methodist Richardson Medical Center Foundation’s Call for Compassion (formerly Yellow & Black-Tie Gala) in September. An estimated 450 gala goers met at The Renaissance Dallas Richardson Hotel and moved to the rhythm of the night — Havana Nights. Guests learned a few salsa steps and raised funds to support early cancer screenings.

The \$370,408 raised for the evening will help expedite a new 3D mammography machine to meet the increasing demand Methodist Richardson Cancer Center sees for breast cancer screening. The remaining funds and those from a successful North Texas Giving Day will be applied to early screening for other cancers like colorectal, lung, and skin cancers. The honorary host, **Jenevieve Hughes, MD**, kicked off the successful fundraising with a lively round of auctions and games.



NUMBERS TO KNOW



9,679

The number of people Methodist Health System **employed throughout the Metroplex.**



2,042

The number of **people employed by Methodist Richardson Medical Center.**

\$182 million

How much Methodist Health System provided in **unreimbursed charity care.**



1,942

The **number of newborns delivered** at Methodist Richardson Medical Center.



143,466

Outpatient visits to Methodist Richardson, including the ER.



422

The **number of physicians on the medical staff** at Methodist Richardson Medical Center.

Figures above represent fiscal year 2023

Methodist was named **2024's Health System of the Year** by Press Ganey, the industry leader in improving patient experience and workforce resilience.

Becker's Hospital Review ranked Methodist Health System among the top **150 Great Places to Work in Healthcare** for the 11th year running. *Forbes* named the health system as one of the **best employers for diversity.**

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AWARDS AND RECOGNITIONS

- Magnet® designation from American Nurses Credentialing Center
- Comprehensive Stroke – DNV Healthcare
- Level III Trauma from Texas EMS Trauma & Acute Care Foundation
- Joint Commission Gold Seal of Approval® for Pancreatic/Hepatic/Biliary Cancer certification (first in the nation)
- Joint Commission Gold Seal for shoulder, hip, and knee replacement
- American Heart Association Get With The Guidelines® – Gold Plus 2022
- Target: Stroke Honor Roll Elite
- Target: Type 2 Diabetes Honor Roll
- Level III NICU designation from the Texas Dept of State Health Services
- Level III Maternal Designation from the Texas Department of State Health Services
- Accredited by the Commission on Cancer
- NAPBC accreditation - National Accreditation Program for Breast Center Excellence
- Accredited by the American Academy of Sleep Medicine

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COMMUNITY WELLNESS

FAITH COMMUNITY NURSING

Through local churches, Methodist Health System provides education and health outreach, including flu shots and biometric screenings.

METHODIST GENERATIONS

This program offers a variety of wellness activities, social events, and educational outreach for people ages 55 and older.

ASIAN BREAST HEALTH OUTREACH PROJECT (ABHOP)

Last year, this program provided 501 mammogram screenings, 43 diagnostic exams, and six biopsies. ABHOP also offered breast health education to uninsured and underinsured Asian-American women.

MOBILE MAMMOGRAPHY

Methodist's mobile mammography unit has brought breast cancer screenings directly to 66,000 women since 2000.

DIABETES EDUCATION

A monthly support group offers tips for managing diabetes, including diet, exercise, and insulin use.

METHODIST ALLIANCE FOR PATIENTS AND PHYSICIANS (MAP2)

This accountable care organization improves and saves lives through coordinated care for more than 70,000 people. These patients have seen overall improvement in health measures, as well as a lowered overall cost of care. For these efforts, MAP2 has achieved national recognition for the quality of care given to patients.

RICHARDSON ISD WELLNESS CLINIC

Methodist Richardson partners with Richardson ISD to offer a dedicated clinic for school employees, as well as Network of Community Ministries.



WILDFLOWER WOWS CROWDS AMID PERFECT WEATHER

Another successful Wildflower Arts and Music Festival drew thousands of people to Richardson's Galatyn Park in May. Methodist Richardson once again sponsored the main stage where acts like X-Ambassadors, Joan Jet and the Blackhearts, and Little River Band performed to near-sold out crowds.

This is the festival's 31st year, and it remains one of Richardson's most popular traditions, combining music, art, and all kinds of fun.

2023 SERVICE AND SUPPORT We were proud to offer or sponsor these community events and organizations last year:

- Altrusa of Richardson
- Bluegrass on Ballard
- Corporate Challenge
- Eisemann Center Presents
- Garland, Richardson – Plano Wylie ISD, Education Foundations
- Gobble Hobble, benefiting the Boys & Girls Club of Greater Dallas
- Leadership Richardson, Leadership Wylie
- Murphy Maize Days
- Murphy Spring Fever
- NAMI Walks
- Network of Community Ministries
- Plano East Band Boosters
- Richardson Adult Literacy
- Richardson East Rotary
- Richardson Reads One Book
- Richardson Symphony Orchestra
- Richardson Wildflower Arts & Music Festival
- Richardson Woman's Club
- Sachse Fall Fest
- Santa's Village
- Susan G Komen 3-Day
- Taste of Wylie
- The Warren Center
- Wylie Acting Group for Kids
- Wylie Art Festival
- Wylie High School Theatre Program
- Wylie East High School Theatre Program
- YMCA of Richardson



GOBBLE THROUGH THE HOLIDAY

Call it a turkey trot or a gobble hobble, Methodist Richardson was once again the presenting sponsor of the annual pre-Thanksgiving race that runs through Richardson's Spring Creek Nature Preserve.

Last year's Gobble Hobble on Nov. 18 featured a family friendly fun run and a 5K race for the more advanced runners. The event kicks off the holiday season and also helps build better futures for the Richardson Boys & Girls Club.



METHODIST RICHARDSON SERVES AS SANTA'S HELPERS

Methodist Richardson continued its holiday tradition of sponsoring "Santa's Beary Good Hospital" at the City of Richardson's Santa's Village. With the exception of one rainy night, near record crowds once again enjoyed the fun activities at each dwelling. This year featured an adaptive day that allowed children with special needs to have full access to the festivities. There's just something magical when you see Christmas through the eyes of a child.

DONATIONS FILL COMMUNITY FOOD PANTRY

Methodist Richardson collected more than 1,200 pounds of food to help area families in need. The food drive has become a summer tradition at MRMC to help students who may go without when they're not in school. Supplies collected also included essential toiletries.



A nonprofit 501(c)(3) organization, Methodist Health System is affiliated by covenant with the North Texas Conference of the United Methodist Church. To support any of Methodist's vital healthcare and community programs, call Methodist Health System Foundation at 214-947-4555 or visit MethodistHealthSystem.org/Foundation. Texas law prohibits hospitals from practicing medicine. The physicians on the Methodist Health System medical staff, including those being referenced in the articles contained in this publication, are independent practitioners who are not employees or agents of Methodist Richardson Medical Center, Methodist Health System, or any of its affiliated hospitals.

A PAINLESS SOLUTION TO VARICOSE VEINS

Treating varicose veins once required surgery to destroy the blood vessels or strip them out entirely, but patients now have other options

VARICOSE VEINS MAKE life miserable for millions of Americans, and until recently, the procedures to treat them could be just as painful.

But new advances allowed physicians to move beyond ablation, which destroys the veins with heat, or “vein stripping,” a surgery that can be as painful as it sounds.

“For the patient, options like VenaSeal are far more comfortable,” says **Anas Alomar, MD**, medical director of cardiology and chair of the department of medicine at Methodist Southlake Medical Center. “We don’t do vein stripping anymore because it’s painful, invasive, and has risks.”

Rather than removing or destroying varicose veins, VenaSeal closes off weakened veins using medical adhesive, allowing the body to naturally absorb them and divert the blood they carry. Methodist Southlake recently treated its first VenaSeal case.

“It’s an outpatient experience,” Dr. Alomar says. “People walk out of the procedure room on their own.”

HOW DO VARICOSE VEINS FORM?

Any vein close to the skin’s surface can become a varicose vein, but these enlarged and twisted blue or purplish veins are most commonly found in the legs.

Blame gravity for the damage that causes varicose veins. In a healthy vein, tiny valves push the blood from the lower extremities to return blood to the heart. That blood can pool in damaged veins, which have been weakened by the wear and tear of age, pregnancy, or obesity, or simply because of genetics.

While often a cosmetic concern, Dr. Alomar says, varicose veins can also cause painful symptoms, from heaviness and cramping to numbness and swelling — and, in the worst cases, skin ulcers and blood clots.

“Those ulcers can get infected and cause a lot of problems,” Dr. Alomar says.



HOW DOES VENASEAL WORK?

Like ablation, VenaSeal seals off damaged veins, but it uses medical-grade adhesive rather than radiofrequency heat.

“Ablation requires multiple injections of the legs,” Dr. Alomar says, “and it can have side effects, like burn injury to the skin.”

In contrast, sealing up varicose veins using VenaSeal is minimally invasive, causes no discomfort, and allows for a much faster recovery time.

“Patients should be able to see results from the treatment almost immediately,” Dr. Alomar says. “In most cases, the results are permanent, and patients will not need any further treatment.”

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





FEMA WORKER *finds lasting relief* **FROM FIBROIDS**

This mother of three lived with abnormal menstruation and intense pain for two years before she opted for surgery

Andrea Tubbs had lived with unusually long, heavy menstrual cycles and intense pelvic cramps for years after developing uterine fibroids, but in 2022, the pain pushed her to finally seek surgical help at Methodist Charlton Medical Center.

“I was in the tub working with my laptop on the edge because I was in so much pain for weeks at a time,” says Andrea, a supervisor for the Federal Emergency Management Agency (FEMA). She found that soaking in an Epsom salt bath provided effective — but not lasting — relief.

"After a couple of months in a row like that, I was in tears."

The erosion of her quality of life drove the widowed mother of three to consider more drastic treatment options for the benign tumors growing in her uterus. After a discussion with her physician, **DeShawndranique Gray, MD**, OB-GYN on the medical staff at Methodist Charlton, Andrea decided to have a hysterectomy — a choice that was only reaffirmed by the quality of care she received at the hospital.

"The nurses and support staff were fabulous and made me feel comfortable," she says. "In my mind, the surgery was not just physical. It was emotional because, to me, they were removing parts of my womanhood. They helped with the education and communication they provided. They came with the care, the uplift, the laughs — all the things that you need at that time."

AT HIGHER RISK

When Andrea's painful symptoms began two years ago, she initially dismissed them as a natural part of aging — as do many other women dealing with fibroids.

"Everyone was nonchalant, like, 'Welcome to being a Black woman over 40,'" she recalls.

But just because an experience is common, Dr. Gray explains, doesn't make it normal. One scientific review found that African-American women have triple the incidence and relative risk of fibroids than white women.

"Of the patients I operate on for fibroids, more than 90% are African American," Dr. Gray says. "Studies have tried to link it to many things, but they have not identified a specific cause."

The most common symptom of fibroids is heavy menstrual bleeding and longer cycles — Andrea's longest was 21 days. Other signs are pelvic pain, pelvic pressure, a palpable abdominal mass, constipation, and frequent urination.

"If you are having any of these symptoms, don't write them off," Dr. Gray advises.

TREATMENT OPTIONS

At first, Andrea wanted to avoid surgery and other invasive treatments, so Dr. Gray prescribed anti-inflammatory medicine to reduce pain and bleeding and suggested lifestyle adjustments.

Fibroid treatment runs the gamut from medications and surgical removal to insertion of a progestin-releasing intrauterine device and a procedure to block blood flow to the fibroids.

Andrea tried improving her diet. She stretched and exercised more. For pain relief, she applied heating pads to her abdomen and lower back, took CBD oil, and took more time soaking in the bathtub.

"I couldn't continue to live like that," Andrea says. "It's not conducive to parenting, and my twins were about to be high school seniors."

Andrea also developed anemia, a common side effect of blood loss, and constipation due to fibroids pressing on her bowels. Her symptoms continued to worsen until she decided to undergo a hysterectomy in December 2022.

"I feel better about my decision because Dr. Gray supported the opportunity to explore other options," Andrea says. "We partnered on what was best for me."

OPTING FOR SURGERY

While Methodist Charlton offers robotic-assisted surgeries for many patients, Andrea's condition turned out to be more unique and complex.

She had three types of fibroids — inside and outside the uterus and within the uterine lining — and some had adhered to her abdominal wall as well as to her bladder, Dr. Gray explains. Her uterus, which typically weighs about two ounces, had swollen to nearly two pounds.

But Dr. Gray and her team were up to the task, even if they had to take a more traditional surgical approach to remove Andrea's uterus. And afterward, Andrea only had words of praise for the result.

"I had anxiety and fear about the procedure and the outcome," she says. "The hospitality of all of the staff helped soothe my fears. From the moment the double doors opened, there was a smiling face to greet me and my family when we arrived early in the morning."

Dr. Gray says she hopes Andrea's story helps inspire other women struggling with fibroids.

"Listen to your body and go in to be evaluated," Dr. Gray says. "There are lots of treatments for fibroids. Don't be afraid that a hysterectomy is your only option."

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



A gastroenterologist explores the link between
long-term acid reflux and esophageal cancer



YEARS OF **GERD DAMAGE**
CAN RAISE THE RISK OF

esophageal cancer

More than 25% of Americans suffer from gastroesophageal reflux disease (GERD). Some of those GERD patients — as many as 1 in 10 — may develop Barrett's esophagus, a condition that greatly increases their risk of cancer.

"Patients who have Barrett's esophagus are 30 times more likely to develop cancer than those who don't," says **Abdul El Chafic, MD**, gastroenterologist on the medical staff at Methodist Richardson Medical Center.

Barrett's, a "pre-malignant" condition, is a complication of GERD in which the cells lining the lower esophagus become damaged by acid reflux. That's a red flag for physicians like Dr. El Chafic, whose job involves treating the small fraction of patients with Barrett's esophagus who may develop cancer.

"The incidence rate of cancer from Barrett's esophagus is about 0.1% per year," or 1 in 1,000 patients, Dr. El Chafic says.

But cases of esophageal cancer linked to Barrett's have been on a steady rise in recent years. However, unlike colon or breast cancer, there's no recommended standard screening for esophageal cancer. Most patients don't even realize they have cancer until a more alarming symptom emerges: the inability to swallow.

BARRETT'S ESOPHAGUS, EXPLAINED

Most people who experience acid reflux need not worry about Barrett's esophagus, Dr. El Chafic says. It primarily affects a very small proportion of people with chronic acid reflux.

"What happens is that stomach acid causes prolonged irritation in the lining of the esophagus, and that results in a transformation of the cells there," he says.

In other words, the condition is generally the result of years of damage to the lower esophagus. The typical squamous cells of the esophageal lining transform into columnar cells, which are found in the stomach. The only way to confirm the diagnosis is to perform an endoscopic biopsy, which involves using a tube-like instrument to take a cell sample from the lower esophagus.



Barrett's esophagus is a condition marked by an abnormality in the lining of the lower esophagus

Patients who are diagnosed with Barrett's esophagus need to have a follow-up endoscopy to make sure the cells do not become even more abnormal, or dysplastic.

"Dysplasia signals a precancerous stage," Dr. El Chafic says.

RISK FACTORS

The only indication to examine a patient for Barrett's esophagus is chronic acid reflux, Dr. El Chafic says. Otherwise, the condition might be overlooked.

According to recently updated American College of Gastroenterology guidelines, men who are over 50, white, smokers, obese, and have a family history of Barrett's esophagus or esophageal cancer are more likely to develop the condition.

TREATMENT OPTIONS

The good news is that if doctors catch Barrett's esophagus early enough, the progression can be halted before it worsens. The first line of defense is to make anti-reflux lifestyle changes — such as modifying your diet — and use proton pump inhibitors, drugs that reduce acid production in the stomach. In certain circumstances, anti-reflux surgery may be recommended.

Still, if gastroenterologists do detect precancerous cells or cancer, they may remove the affected tissue, which can allow patients to avoid major surgery.

"Prevention is best," Dr. El Chafic says. "But in terms of treatment, we can do so much more endoscopically now than ever before."

While neither GERD nor Barrett's esophagus is a guaranteed warning sign of cancer, some people may still benefit from a frank and open discussion with their physician.

"What is interesting for me as an advanced endoscopist is what are we capable of doing for the patient," Dr. El Chafic says. "We have a lot of room to deal with a problem before it escalates, and that includes educating people and spreading awareness."

Learn more about the wide range of digestive care offered at Methodist Richardson.



Did you know?

Along with Barrett's esophagus, **heavy alcohol use and smoking** may raise your risk of esophageal cancer.





SPINAL FUSION PAYS DIVIDENDS FOR BANK EXEC

Dual surgeries correct lower back problems that plagued this
Mansfield resident for two decades

Nearly 20 years of pain ended last fall for Jane Jones after she had spinal fusion surgery to treat her degenerative disk disease.

“When I woke up from surgery, all my leg pain was gone,” the 57-year-old Mansfield resident says. “I had surgeries on Thursday and Friday, and I was walking Friday night.”

Under the care of **Stephen Katzen, MD**, neurosurgeon on the medical staff, Jane’s treatment began and ended at Methodist Mansfield Medical Center, just across the street from the bank where she works as a vice president.

Jane spoke highly of the staff at Methodist Mansfield and Methodist Dallas Medical Center, where she had back surgeries in Nov. 2022.

“These ladies and gentlemen always gave the impression that I was their top priority,” she says. “They stopped by my room to say hi, even if I was not their patient.”

PAIN FROM HIP TO TOE

Jane’s ordeal began two decades ago when the rubbery disks between her vertebrae began to collapse, even bulging out of the joint — an injury known as a herniated disk. For Jane, the compression on both sides of the joint caused severe leg pain from hip to toe.

The back pain became unbearable after a lengthy plane ride to Hawaii. She knew she needed medical help.

“Something happened to my lower back on that flight,” she recalls. “I couldn’t squat. I had bilateral pain from my hips to my feet.”

An MRI scan revealed nerve compression in Jane’s lower back that could be alleviated with an anterior lumbar interbody fusion (ALIF) between her lowest lumbar vertebra and the top of her sacrum bone.

Dr. Katzen explains that surgeons prefer to perform spinal fusions from the front because it's the best way to restore height and give space to the nerves emanating from the spinal cord. In Jane's case, the surgeon would operate from the front first and then, the next day, from the back.

"Many doctors would zip through this surgery — entering through both my stomach and back — at the same time," Jane says. "Not Dr. Katzen. He organized a two-day surgery to help my body adapt."

TWO DAYS, TWO SURGERIES

The first procedure involved entering through Jane's abdomen, removing the flattened disc, and inserting a 3D-printed titanium replacement to hold the bones apart and decompress the nerves.

The following day, Dr. Katzen implanted a titanium cage, screws, and rods to hold the bones in place permanently.

Dr. Katzen says that executing this procedure over two days is preferable for multiple reasons. First, the patient isn't flipped onto their abdomen directly after having it stitched up following the fusion.

"It's a lot for someone to undergo front and back surgery in one day," he says.

It also requires less anesthesia, and Dr. Katzen likes to see how much pain relief the patient feels after the fusion, which can affect further treatments.

TREATED 'LIKE FAMILY'

After her mid-November procedure, Jane's recovery was quick. She needed pain medication for only a few days afterward.

"I was just on Motrin and Tylenol," she says. "I had no abdominal pain."

Six weeks later, Jane was back at work and able to stroll two miles a day. She praised the exceptional care provided by Dr. Katzen and his team, and she knows exactly where she'll go for any future treatment: the new neuro-critical care unit that opened in February 2024 at Methodist Mansfield.

"Dr. Katzen and Methodist are who I recommend to others and where I will go for my next surgery," Jane says. "They loved me like family."

When is surgery the right call to resolve back pain? Learn more at ShineOnlineHealth.com.



“

WHEN I WOKE UP FROM SURGERY, **ALL MY LEG PAIN WAS GONE.** I HAD SURGERY ON THURSDAY AND FRIDAY, AND I WAS WALKING FRIDAY NIGHT.

— JANE JONES



SISTER'S COLON CANCER DIAGNOSIS ‘SAVED OUR LIVES’

A DeSoto woman learns from her late sister the importance of colorectal cancer screening — and why it's important not to wait

Lynda Russell says she and her other siblings learned a painful but valuable lesson from their sister, Debbie Roy: An annual colorectal cancer screening can be lifesaving, especially when there's a family history of the disease.

"I can honestly say that Debbie saved our lives," the 61-year-old DeSoto resident says. "We have family members who got polyps regularly, so I knew I should have gotten screened. But I put it off because I felt so healthy."

Lynda's battle with colon cancer started in 2021 after her oldest sister learned that she had late-stage colon cancer. Doctors found polyps in Lynda's colon, and she was treated at Methodist Dallas Medical Center.

Lynda says that a high standard of care certainly made a difference in her surgery to remove lymph nodes and part of her colon.

"The doctors and nurses were so great and helpful. I can't say enough about them," she says.

INHERITED RISK

Among those doctors was **Anand Lodha, MD**, colorectal surgeon on the medical staff at Methodist Dallas. He explained that the polyps that run in Lynda's family start out as benign growths but can become malignant.

"It takes years for polyps to turn into cancer," Dr. Lodha says, "but that's why we perform colonoscopies — to detect and remove these growths before they get to that point."

Lynda says Debbie once accompanied their mother to a doctor's appointment, and a nurse warned her that she should get a colonoscopy, too. At the time, Debbie brushed it off, Lynda recalls, but those words proved all too true.

"One of the biggest risk factors of colorectal cancer is a family history of the disease or polyps," Dr. Lodha says. "People with inflammatory bowel disease are also more at risk."

Other risk factors include age, weight, tobacco and alcohol use, diet, and exercise level, according to the American Cancer Society.

Dr. Lodha explains that the latest guideline for most people to get screened is age 45. However, patients at higher risk should get screened at 40.

"We are seeing an increased rate of colon cancer for people in their 40s," Dr. Lodha says.

TAKING ACTION

By the time doctors found Debbie's cancer, it had spread to her lungs, liver, and esophagus. That prompted every one of her siblings to assess their own health.

"It was a wake-up call for all of us," Lynda says.

▼ Lynda and her husband, Anthony



Lynda sought help from **Charles Lostak, DO**, gastroenterologist on the medical staff at Methodist Dallas. Dr. Lostak performed a colonoscopy and found three polyps, which he removed. She had early-stage colon cancer.

"It was a shock because I looked and felt completely healthy," Lynda says.

In December 2021, about four months after Lynda was first screened, Dr. Lodha used the da Vinci Surgical System to remove a lower section of Lynda's colon and multiple lymph nodes to assess the severity of her cancer.

The robotic technology allowed him to operate through a few small incisions on Lynda's abdomen and provided enhanced 3D visual imaging and micro-precision instruments for better maneuverability.

"It's less invasive, and the recovery times are faster for patients," Dr. Lodha says.

It's all part of a rectal cancer program that's nationally accredited by the Commission on Cancer.

"This helps us to maintain a level of excellence in our care," Dr. Lodha says.

By following a standardized protocol of treatment that begins pre-surgery, a team of specialists helped Lynda through a smooth recovery. Two weeks after the surgery, Dr. Lodha met with Lynda to give her the good news: The cancer had not spread anywhere else.

THE DOCTORS AND NURSES WERE SO GREAT

AND HELPFUL. I CAN'T SAY
ENOUGH ABOUT THEM.

— LYNDA RUSSELL



"It was such a relief to hear," she recalls. "I feel really healthy now, and it's getting better every day."

Now Lynda is doing "phenomenal," says Dr. Lodha, who checks in on her regularly. He credits multiple factors for this outcome: the robotic-assisted surgery, the medical staff's attention to detail, Lynda's previous good health, and her husband's steady support through it all.

"Our team is top-notch," Dr. Lodha adds. "And all of these individual factors add up incrementally in her favor."

Of course, catching the cancer early was a big factor, too, and Lynda gives all that credit to her sister.

LIFE AFTER CANCER

A month after Lynda's procedure, Debbie passed in her sleep. A memorial was held to celebrate her life and volunteer work.

"It was a big event," Lynda says. "So many people showed up for her celebration of life."

It was an emotional time for Lynda's entire family, but she found help online through a Methodist Dallas support group for cancer survivors.

Lynda believes her experience is a lesson everyone should take seriously. Getting a colonoscopy could save people a lot of potential grief and heartache.

"Debbie helped our family, and we all want to use our story any way we can," she says. "Everyone should consider getting screened, and it's such an easy thing to do nowadays."

**Detect colon cancer early with
three simple steps. Learn more
on ShineOnlineHealth.com.**



▲ From left: Siblings Devin, Amy, Lynda, and Michael with their sister Debbie.



▲ Debbie Roy's cancer diagnosis inspired her sister Lynda to get screened and to get a tattoo in Debbie's memory.



Doc Patton

An Olympian. An irregular heartbeat. And the diagnosis that got him back on track.

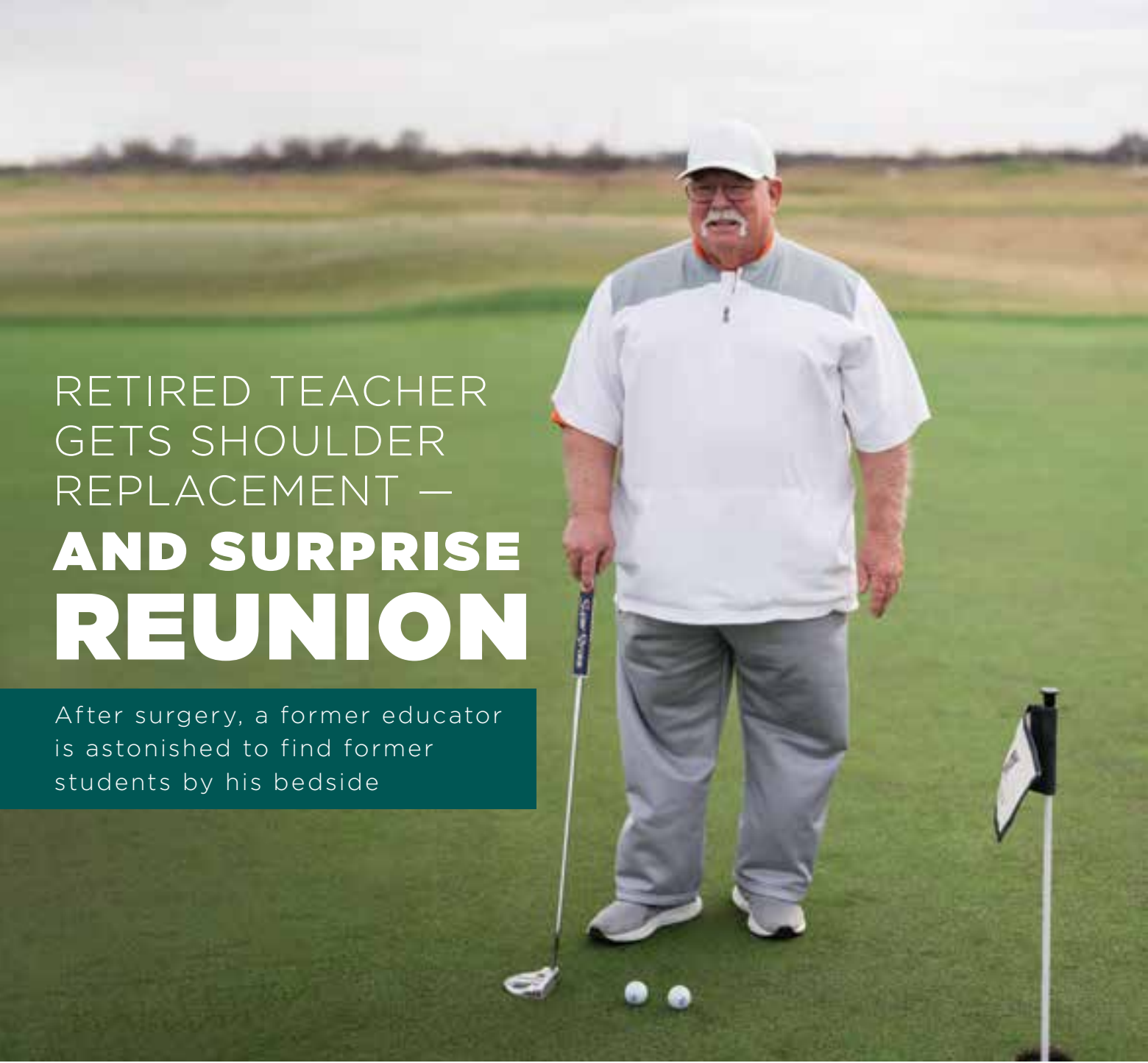
Doc Patton is a three-time Olympian and lifelong athlete. But one moment could have changed everything. At just 44, Doc was struggling to breathe with his heart racing. Then, the team at Methodist Health System diagnosed him with an irregular heartbeat and a minimally invasive procedure got him back on track. Being there for every one of our friends and neighbors when their moment arrives. That's community and why so many people **Trust Methodist.**



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A man with a mustache and glasses, wearing a white polo shirt with grey accents and grey pants, stands on a green golf course. He is holding a golf club in his right hand. Two golf balls are on the grass in front of him. To his right is a golf flag on a pole. The background shows a vast, open golf course under a cloudy sky.

RETIRED TEACHER GETS SHOULDER REPLACEMENT — **AND SURPRISE REUNION**

After surgery, a former educator is astonished to find former students by his bedside

When Mike Pringle worked as a teacher, he went to extraordinary lengths for his students — including driving 200 miles every school day for 2 ½ years while he worked in Waco and lived in Arlington — but this past November, it was his former pupils who went the extra mile for him.

Now retired, Mike spent years coping with chronic shoulder pain before he chose to undergo shoulder replacement surgery at Methodist Mansfield Medical Center. As he began his recovery, Mike was surprised and delighted to recognize a couple of familiar faces at his bedside: sisters and patient care technicians **Kelly Trulin, PCT**, and **Sarah Trulin, PCT**, who many years before had been students in his eighth-grade leadership class at Brooks Wester Middle School.

“I think probably even at 14 years old, they had a servant’s heart,” Mike says. “They want to help, and they’re there to make people’s lives as comfortable as they can. I’m very thankful for that.”

Kelly says that even though years have passed since she and her sister have seen their former teacher, they remember him fondly.

“His class went beyond the basic teachings of math, reading, or writing. There were many moments in his class when I felt he was teaching life lessons instead,” she says. “I wish our schools had more teachers like him.”

Mike adds that his gratitude extended to the other members of his care team.

“Everyone at the hospital was there when I needed them.

They were there to talk to me, and they were there to answer all of my questions,” he says. “I just can’t say enough good things.”

REPLACING THE JOINT

Mike had long struggled with chronic pain in his right shoulder due to arthritis. His condition only worsened over the years and made it difficult to play with his grandkids. He finally decided to explore his options and consulted **Shane Seroyer, MD**, orthopedic surgeon on the medical staff at Methodist Mansfield.

On top of Mike’s arthritis, years of wear and tear had damaged his rotator cuff. The only option was to replace his shoulder joint, Dr. Seroyer says. He offered to schedule the surgery at Methodist Mansfield.

Mike, whose friends and family members reported having good experiences there, readily agreed. He said Methodist Mansfield was the clear choice when it came to deciding where to have the operation.

“We watched Methodist Mansfield being built from the ground up. My daughter, our second child, felt comfortable enough to have all three of her children there.”

So, on Halloween, Mike checked into Methodist Mansfield, and Dr. Seroyer placed metal implants in Mike’s shoulder to recreate a ball-and-socket joint.

“We had to take it a step further and change the biomechanics of Mike’s shoulder,” Dr. Seroyer says, explaining that this was due to Mike’s rotator cuff injuries. Instead of using the head of the humerus as the “ball” — as it is naturally — he turned it into a socket that would attach to a metal ball he secured in the shoulder blade. “So now he can use his deltoid muscle to better lift and move his arm.”

SURPRISE REUNION

The night after Mike’s surgery, a hospital employee came into his room and said her name was Kelly. Even though she wore a mask, Mike recognized her voice right away.

“My heart just jumped in my chest,” Mike says. “Knowing she was there and recognizing her was very comforting. So then we talked, and she told me how much she had loved my class.”

Kelly said it was a nostalgic experience, and she was happy to talk with the teacher whose class meant so much to her.

“In middle school, I was very quiet and reserved,” she adds. “Therefore, I was never able to appropriately express how much I had enjoyed his class until now.”

As the two caught up that day, Kelly informed Mike that her sister Sarah, another of his former students, also cares for patients and works in the same unit.

“She said, ‘Sarah comes on at midnight. She’s going to take over for me, so she’ll take care of you throughout the night.’ I said, ‘That’s great!’” Mike recalls. “And sure enough, sometime after midnight, Sarah came and checked on me, and we talked.”

Mike took the opportunity to tell Sarah how proud he was of what she had accomplished.

“It’s not often you are able to hear those words from someone who played a role in educating and shaping you as a person,” Sarah remembers.



EVERYONE AT THE HOSPITAL WAS THERE WHEN I NEEDED THEM. THEY WERE THERE TO TALK TO ME, AND THEY WERE THERE TO ANSWER ALL OF MY QUESTIONS. I JUST CAN’T SAY ENOUGH GOOD THINGS.

— MIKE PRINGLE

“I was really touched and teary-eyed. I will always hold those words dear to my heart and will forever be thankful for hearing them.”

Although Mike left the hospital the next day, he says it warmed his heart to see his former students. He also felt uplifted by other members of the hospital’s team, who guided him from pre-surgical assessments all the way through discharge.

“Dr. Seroyer’s pain protocol that he put together for me worked to perfection,” Mike says. “I really have not had any major pain with my shoulder at all, which is surprising when you consider a procedure like this.”

With a recovery plan and plenty of resources in place, Mike is looking forward to spending more time with his family and enjoying doing more things with his grandchildren. According to Dr. Seroyer, that’s a gratifying reward for both patients and doctors.

“First and foremost, we do this to relieve pain and improve quality of life,” he says. “It’s really about getting someone back to the things that give them mobility and happiness.”

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





MOST STROKES ARE PREVENTABLE: 5 WAYS TO LOWER YOUR RISK

Understanding the risk factors and making changes to lower blood pressure and cholesterol can help you stay safe

About 800,000 Americans suffer a stroke every year, but contrary to popular belief, these deadly and disabling health crises don't strike out of the blue.

In fact, up to 80% of strokes are preventable if you know the warning signs and can manage risk factors.

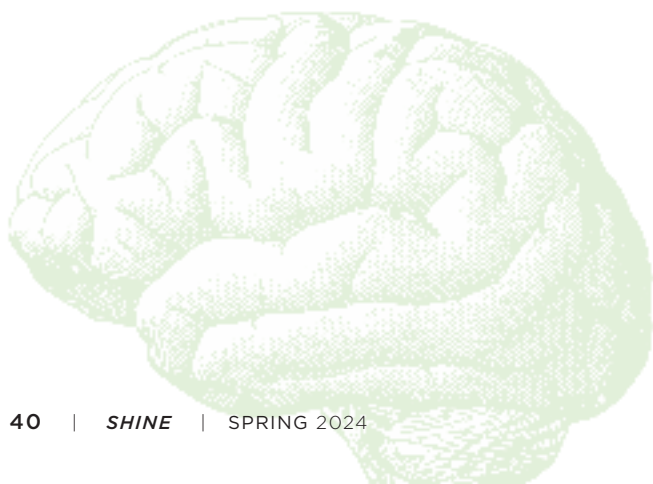
"The name of the game is prevention," says **Neha Gandhi, MD**, neurologist on the medical staff at Methodist Dallas Medical Center. "We need to control the risk factors that we can to avoid or prevent a stroke."

Knowing the symptoms of a stroke is paramount.

TYPES OF STROKE

There are three types of strokes, and the first should serve as a flashing "danger" sign that a major stroke could be coming.

"A transient ischemic stroke (TIA), also known as a 'mini-stroke,' is when somebody has symptoms of a stroke that seem to pass quickly, sometimes within an hour," Dr. Gandhi says.



It's critical to be evaluated if you believe you suffered a mini-stroke because, within three months, about 20% of TIA patients will suffer an ischemic stroke, the second type of stroke.

"With an ischemic stroke, there's either a blood clot or something else that cuts off oxygen to the brain," Dr. Gandhi says.

The third type of stroke, and the deadliest, is an intracerebral hemorrhage, caused by a blood vessel that has ruptured in the brain.

So, what can we do to prevent a stroke? Dr. Gandhi offers some suggestions.

LOWER BLOOD PRESSURE

Hypertension, or high blood pressure, damages the arteries that supply blood and oxygen to the brain, allowing them to clog or burst more easily. About 78 million Americans suffer from high blood pressure, doubling the risk of a heart attack and quadrupling the risk of a stroke.

"Normal blood pressure is 130 over 80," Dr. Gandhi says. "At 140 and above, your chance for stroke increases."

Several lifestyle changes can lower blood pressure, such as exercising, reducing salt in your diet, and limiting alcohol intake.

Doctors can also recommend medications to help, including beta blockers to reduce stress on the heart and diuretics that remove water and sodium from the body.

MAINTAIN A HEALTHY WEIGHT

About 20% of strokes are associated with obesity, according to the World Stroke Organization.

That's because excess fatty tissue creates inflammation throughout the body, and that can damage arteries. Physicians recommend maintaining a body mass index (BMI) between 22 and 25 to lower this risk factor.

"Seventy percent of weight loss is linked to your diet, so even if you're exercising, you also need to watch what you're eating," Dr. Gandhi says. "Everybody has a different calorie requirement."

Choosing healthy meals and snacks can help shed pounds. Fruits, vegetables, and foods with low saturated fats are all excellent options to help ensure a healthy BMI.

KEEP A LID ON CHOLESTEROL

As another component of cardiovascular health, "bad" cholesterol (LDL) contributes to the formation of plaques in blood vessels. When these fatty deposits build up, they can cause a blood clot that could travel to the brain and potentially cause a stroke.

But "good" cholesterol, or HDL, can lower the risk of an ischemic stroke by flushing LDL out of the bloodstream and into the liver.

Maintain a proper balance of cholesterol by making lifestyle and diet changes. If that's not enough, doctors like Dr. Gandhi may recommend statin medications to lower bad cholesterol by slowing down the liver's production of cholesterol.

Statins also increase the liver's ability to remove LDL cholesterol that is already in the blood.

CONTROL DIABETES

Diabetes is another risk factor for stroke, as people with diabetes are twice as likely to experience a stroke.

"If you have diabetes, you need to follow a low-GI or low glycemic index diet, which means fewer carbohydrates," Dr. Gandhi says.

Such an eating plan helps reduce blood sugar levels. Low-GI foods also tend to be less processed and higher in protein, fiber, and fat. These foods include apples, dried apricots, onions, plain yogurt, and whole-grain pasta.

QUIT SMOKING

Smoking doubles the chance of having a stroke, Dr. Gandhi says. Regularly breathing secondhand smoke is dangerous, too. Smoking cigarettes causes inflammation and damages blood vessels, leading to a buildup of plaque in the arteries. It also makes blood stickier and more likely to clot.

Even current heavy smokers can greatly benefit from quitting. Studies have shown the risk of stroke for former smokers five years after they stop is similar to that of people who never smoked.

"Smoking is the most important risk factor for stroke," Dr. Gandhi says. "That is something you can control and eliminate from your life that will reduce your chances of stroke."

REDUCE YOUR OVERALL RISK

Stroke risk increases as we age because arteries harden and get narrower naturally, making blockages more likely later in life.

"With time and age, plaque builds up in the neck vessels," Dr. Gandhi says. "If buildup becomes 70% or more, that's when we begin to worry."

But people in their 50s and younger may suffer strokes, too, whether because of poor diet, smoking, diabetes, long-term COVID-19, or simply because of hereditary conditions out of their control.

"Some people in their 30s or 40s have abnormal genes that can cause strokes," Dr. Gandhi says. "Always feel confident about bringing any questions you have about your stroke risk to your doctor."

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



ROBOTIC SURGERY

SAVES CIVIL SERVANT



A gallbladder attack left her feeling down
— now she's shining bright again

Elaine Hill thrives on being a vibrant spark in everyone's day, but years of digestive discomfort left her feeling low — until she discovered a solution: robotic gallbladder removal at Methodist Charlton Medical Center.

"I love nothing more than bringing a smile to someone's face or laughter to their day," says Elaine, a longtime City of Dallas employee who is known for dyeing her hair a different color every month.

But her colorful personality couldn't shine through last September when she had to go to the emergency room for cholecystitis, inflammation more commonly known as a gallbladder attack.

"They took very good care of me," Elaine says. "Every single person who worked with me was amazing."

LIKE CHILDBIRTH

For years, Elaine endured frequent nausea and discomfort after meals, especially when she ate fast food or spicy fare.

"I thought it was just part of getting older and changes to my digestive system," she says.

What she didn't know at the time was that her digestive pain was caused by gallstones that had created a blockage.

"Gallstones don't always cause symptoms," says **Richard Alexander, MD**, general surgeon on the medical staff at Methodist Charlton. "But when a gallstone lodges in a duct, the symptoms become more obvious and can vary in severity."

For Elaine, the pain she felt when she awoke on Sept. 13, 2023, was like nothing she had felt before — with one exception.

"The pain was so bad I felt like I was giving birth again," says the 59-year-old mother of two adult daughters. "When I vomited, the color was dark brown. I called my insurance hotline, and they told me to go to the nearest emergency room."

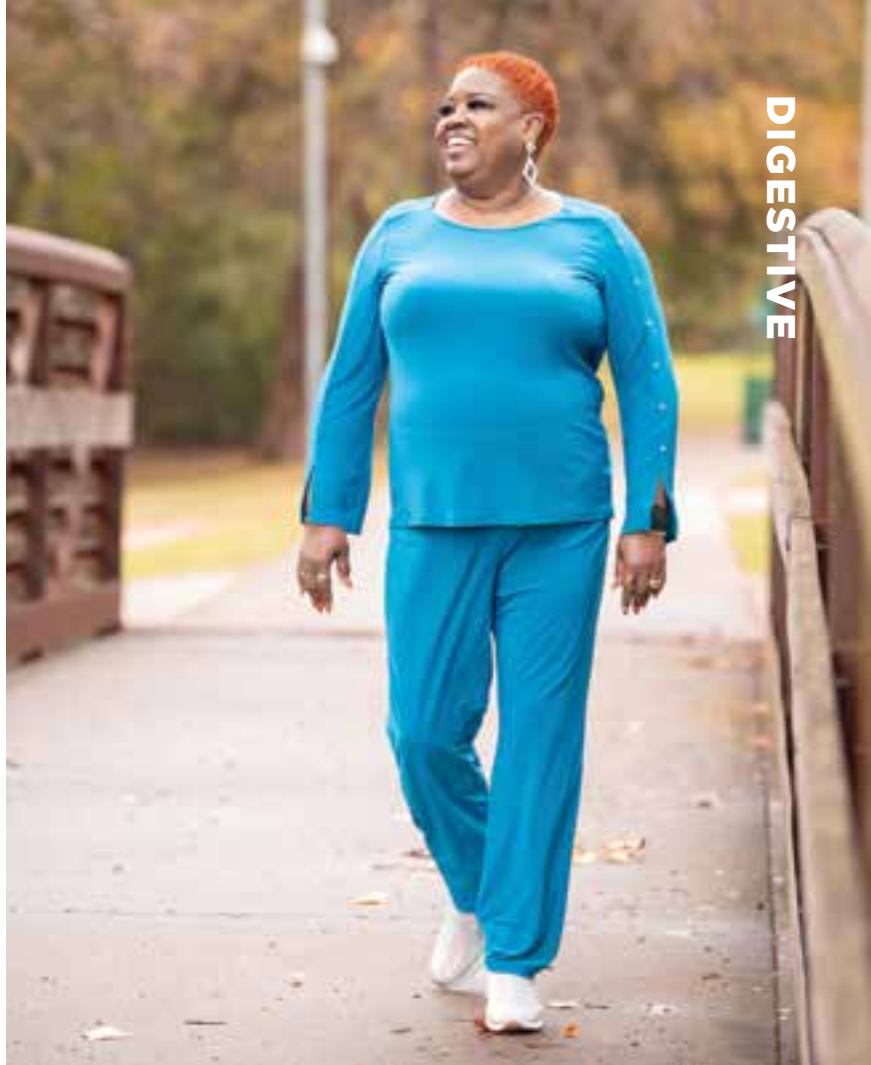
TIME TO DECIDE

That facility turned out to be the brand new ER at Methodist Charlton, where Elaine was given pain medication and underwent a series of exams, including an ultrasound and CT scan, along with blood work.

As the attending physician, Dr. Alexander explained that a hardened deposit of bile had lodged in a duct of Elaine's gallbladder. He informed her that the chance of another attack was significantly higher now that she'd had one.

Elaine was surprised to learn that pain medication and antibiotics are one of the few medical options available to treat a gallbladder attack, but there was an alternative.

"I was pretty wary of surgery to remove my gallbladder," Elaine says. "I knew my chances of another attack were high, but I needed to think about it during my overnight hospital stay. Dr. Alexander fully supported my taking my time to decide, which I greatly appreciated."



ROBOTIC SURGERY

Elaine was ready to learn more when Dr. Alexander came back the next morning. He told her that a robotic-assisted cholecystectomy is a minimally invasive option that allows for a quicker recovery.

"I explained that the procedure would require an incision less than an inch in length going through the belly button," he says. "I would then use the surgical robot's viewing console and miniaturized tools that include a high-definition, 3D camera view to remove the gallbladder."

The operation would last less than an hour, he told her, and patients could go home a day afterward, if not the same day. That sealed the deal for Elaine, who had surgery that afternoon and was released the very next day.

Since her procedure, Elaine has embraced her new normal of eating a healthy diet, walking after meals, and losing weight.

"I feel so healthy and confident," she says, "which just fuels my passion for being an uplifting person for the people in my life."

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





HEART TEAM ROLLS A STRIKE: **BOWLER GAINS A ‘SECOND SHOT AT LIFE’**

A gash in his forehead brought this Midlothian resident to the local ER, where a doctor recognized the signs of a heart attack

As far as James Wann is concerned, a stitch in time saved his life at Methodist Midlothian Medical Center.

Last fall James passed out while taking a shower at his home in Midlothian, cutting his forehead when he fell. He has suffered seizures since childhood, so he's lost consciousness before, but this time was different.

"I learned later it was a mild heart attack," he says. "My son Cody drove me to Methodist Midlothian, and that decision probably saved my life. I don't think I would have gotten the same reaction at another hospital."

Rather than stitching James up and sending him home, his doctor suggested he spend the night so the staff could monitor him and run additional tests.

"God works in mysterious ways," James says. "If not for the fall and needing stitches, I never would have known I had an issue. And my next heart attack could have been fatal."

SPILL AT HOME

The dizzy spell James experienced in the shower happened last October when he was getting ready to go to Hilltop Lanes, the bowling alley he frequents in Waxahachie.

"I hit the wall hard when I passed out," James says. "That put a large gash over my right eye and bruised my ribs. I woke up and saw blood."

James cleaned himself up and called for help from his wife, Candi, and adult son, Cody. His son rushed him to Methodist Midlothian.

“

EVERY TIME SOMEONE WALKED INTO THAT ROOM, THEY HAD SMILES ON THEIR FACES. I FELT LIKE I WAS THEIR ONLY PATIENT BECAUSE THE CARE THAT I WAS GETTING WAS JUST TOP-NOTCH.

— JAMES WANN

In the emergency room, James was treated by **Brent Treichler, MD**, emergency medicine physician on the medical staff at Methodist Midlothian. Twenty stitches later, James was admitted for the night because the doctor didn't like the look of his bloodwork.

“We use heart scores and other tools to help us determine which patients are safe to go home and which need further observation,” Dr. Treichler says. “It was clear to me that James fell into that high-risk category.”

That's because blood tests revealed that James' troponin levels were elevated. The protein is only found in heart muscle cells and typically only enters the bloodstream when there's damage to the heart muscle.

Ultimately, doctors determined that James had suffered a heart attack, and suddenly 20 stitches were the least of their concerns.

“If I ever get the chance to meet Dr. Treichler again,” James says, “I'm going to hug him and tell him how much he means to me.”

99% BLOCKAGE IN ARTERY

James was next transferred to the cardiac catheterization lab, where a team led by **Viral Lathia, MD**, cardiologist on the medical staff, was waiting for him.

“We paid attention to his symptoms and those lab abnormalities,” Dr. Lathia says, “and that led us to find this life-threatening lesion in the blood vessel.”

Once James was in the cath lab, Dr. Lathia and his team used a catheter to place a tiny wire mesh tube, known as a stent, into an artery that was 99% blocked, restoring the blood supply to his heart.

“James is lucky he woke up,” Dr. Lathia says, “Otherwise he could have had a similar episode at home or while he was driving.”



EMERGENCY ROOM

‘SECOND SHOT AT LIFE’

James would spend the rest of his hospital stay in the ICU, being monitored for any further signs of trouble. He raved about the staff there, as well as the “unbelievable care” he received in the ER and cath lab.

“Every time someone walked into that room they had smiles on their faces,” James says. “I felt like I was their only patient because the care that I was getting was just top-notch.”

Today, James has fully recovered from his heart attack and made some changes to his diet and lifestyle that allowed him to lose more than 100 pounds. He hopes living healthier will spare him from the quadruple bypass surgery his father had in his 60s.

“I'm able to do a lot of things now that I haven't been able to do for quite a while,” James says. “The care I received at Methodist Midlothian has given me a second shot at life.”

Emergencies can't wait, and that's why trauma care is integral to Methodist Midlothian's mission. Learn more.



LIFESAVING AIRLIFT FROM EAST TEXAS **ANSWERS HEART PATIENT'S PRAYERS**

A rural resident faced an emergency when he went into cardiogenic shock



Mark Greer has had several close calls in his life — he was bucked from a horse once and on another occasion fell 30 feet onto concrete — but he says his heart emergency last fall was the scariest.

The 61-year-old from rural East Texas was airlifted 60 miles from the city of Commerce to Methodist Richardson Medical Center in September after going into cardiogenic shock, a life-threatening condition where the heart isn't able to pump out enough blood to meet the body's demands.

"I said my prayers because I thought this was it," he recalls. "This is an experience I never want to repeat."

The answer to Mark's prayers involved getting to a hospital with the expertise and equipment capable of treating his heart condition, says **Asad Mohmand, MD**, interventional cardiologist on the medical staff at Methodist Richardson.

"This is one of those cardiac emergencies that, if it's not recognized and treated in a timely fashion, can rapidly spiral into shock and subsequently death," Dr. Mohmand says.

Mark credits Dr. Mohmand and his team with saving his life.

"I could not have asked for a better team for this type of situation," he says.

JUMPING INTO ACTION

Paramedics notified the hospital while the helicopter was on its way, allowing Dr. Mohmand and the specialized staff from the cardiac catheterization laboratory to prepare for his arrival.

"Our cath lab team is always on call for these emergencies," Dr. Mohmand says. "We work efficiently as a unit as every second is crucial. We had all the necessary equipment ready to go."

He confirmed that Mark was experiencing something known as pericardial tamponade. The protective sac covering his heart was filled with fluid — mostly blood — compressing it and preventing it from filling or pumping properly.

In the cath lab, Dr. Mohmand inserted a needle through Mark's chest wall into the pericardial sac to quickly remove the



fluid around his heart. Mark says he began feeling better within minutes, and his blood pressure returned to normal.

"I could just feel the pressure getting off me," he says, "and I could finally breathe again."

ON THE MEND

Mark stayed in the hospital for a few nights of careful monitoring before he was deemed well enough to go home. His wife, Rita, stayed by his side the entire time.

"She was pretty pleased at the hospital with all the different people checking on me," Mark says. "I can't even think how it would be possible to have better nurses."


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Advanced stroke care you can count on. When seconds count.

Methodist Richardson Medical Center is proud to be recognized as a Comprehensive Stroke Center by DNV Healthcare. Here, you'll find a renowned care team, including specialists on the medical staff ready to provide 24/7 emergency stroke care. Being there with the advanced stroke care our friends and neighbors depend on. That's community and why so many people **Trust Methodist.**

Knowing the signs of a stroke can make all the difference. **BE FAST** if you think you or someone near you may be having a stroke.

- B**alance – Sudden loss of balance?
- E**yes – Loss of vision or blurred vision in one or both eyes?
- F**ace – Face numb or looks uneven?
- A**rms – Arms or legs weak or numb?
- S**peech – Speech slurred? Difficulty speaking? Confused?
- T**ime – Call 911 immediately. Time lost is brain lost.



Take a free stroke health risk assessment
to learn more about your risk.

MethodistHealthSystem.org/StrokeRisk

Texas law prohibits hospitals from practicing medicine. The physicians on the Methodist Health System medical staff are independent practitioners who are not employees or agents of Methodist Richardson Medical Center, Methodist Health System, or any of its affiliated hospitals. Methodist Health System complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.