WHEN YOU CAN’T HAVE DAIRY
What skimping on vitamin D does to your health

ARE YOU PROTECTED AGAINST SHINGLES?
Two vaccines help prevent this painful condition

FASTER STROKE CARE
Methodist Dallas treats complex cases and prevents future strokes

The race to HEAL A HEART

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Hand washing done right says good riddance to dangerous germs while protecting other beneficial bacteria.
**A night to remember for Methodist**

Each year, Methodist Health System Foundation honors a servant leader in our community, someone who emulates the values exhibited by former Dallas Mayor Robert S. Folsom. On Oct. 25, the Foundation was pleased to honor state Sen. Royce West with the 2018 Robert S. Folsom Leadership Award. Co-chairs for the event were Lana and Barry Andrews, Cedonia and David O. Brown, Sally and Tom Dunning, Nancy Ann and Ray Hunt, Lottye and Bobby B. Lyle, Abi and Fred Perpall, the Hon. Jeanne Phillips, Pat and Pete Schenkel, the Hon. Florence and Howard Shapiro, and Drs. Sharon and Kneeland Youngblood.

More than 600 friends and donors gathered at the Hilton Anatole Hotel in Dallas to celebrate West’s accomplishments and dedication. Funds raised from the event will help establish a new, specialized cancer unit at Methodist Charlton Medical Center. This 12-bed dedicated treatment unit will have the capacity to serve more than 700 cancer patients a year, ensuring access to services specific to each patient’s health condition and needs.

» Learn more about the award and check out photos from the event at MethodistHealthSystem.org/Folsom.

**Do something for you and for others! Become a hospital volunteer**

Watch what you eat. Exercise. Drink water. Get plenty of sleep. You already know the recipe for wellness. But there’s something else you should add to that to-do list: volunteer.

Research shows there are clear health benefits when you volunteer. For example, people who volunteer live longer, have a decreased risk for heart disease, and have lower rates of depression than those who don’t volunteer. So while volunteering may mean that you’re helping someone else, you’re reaping some benefits, too.

» All our hospitals at Methodist Health System depend on volunteers, and we’d love to have you join our team. Just go to MethodistHealthSystem.org/Volunteers and scroll down to the campus that’s most convenient for you.

**YOU’VE GOT MAIL! Send an e-card to someone you love**

Do you have a loved one in the hospital? You can brighten that person’s day with an e-card, sent straight to his or her email inbox!

Just go to MethodistHealthSystem.org/e-Cards and select a card. Maybe you’re congratulating your best friend on the delivery of her daughter, letting your mom know you’re thinking of her, or sending season’s greetings to someone hospitalized over the holidays.

Our e-cards are free to send and allow you to add a customized message. All you need is the patient’s first and last names and email address. Our e-cards are a wonderfully personal way to let your family member or friend know that you care.

**Does winter wreak havoc on your skin?**

When winter comes around, you might look forward to some snowflakes (however few we may get here in Dallas-Fort Worth). Odds are you’re not looking forward to flaky skin, though. Winter’s dryness tends to sap our skin of moisture, leaving it irritated and itchy. Do yourself a favor and take a few minutes to read “Keeping Winter’s Chill Off Your Skin.” This blog features Angie Koriakos, DO, dermatologist on the medical staff at Methodist Richardson Medical Center, and her tips for protecting and moisturizing your skin this winter. You’ll find it at MethodistHealthSystem.org/Blog.
Events

Check out some of the happenings at Methodist Health System this season.

**SANTA’S VILLAGE**
- Fridays, Saturdays, and Sundays, Dec. 1 to 16, 6 to 9 p.m.
- Hometown Thursdays, Dec. 6 and 13 (open to Richardson residents only)
- Richardson City Hall, 411 W. Arapaho Road, Richardson, TX 75080

Join Methodist Richardson Medical Center at this free holiday tradition, where the lawn of City Hall transforms into Santa’s Village, a tiny town of 16 holiday dwellings. Be sure to stop by Santa’s Beary Good Hospital to say hello!

- Learn more at cor.net/santasvillage.

**DIABETES SUPPORT GROUP**
- Tuesday, Dec. 4, 6:30 p.m.
- Methodist Richardson Medical Center, Physician’s Pavilion, Suite 200, 2821 E. President George Bush Highway, Richardson, TX 75082

Find the motivation to better manage your diabetes with others who share and understand the challenges of this chronic disease.

- For more information, call 469-204-6961.

**FRESHSTART® SMOKING CESSATION PROGRAM**
- Series 1: Mondays, Dec. 3 to 17, 5:30 p.m.
- Series 2: Mondays, Jan. 7 to 28, 5:30 p.m.
- Weatherford Conference Room, Methodist Dallas Medical Center, 1441 N. Beckley Ave., Dallas, TX 75203

This program can help you successfully plan to quit smoking for good. Freshstart is the American Cancer Society’s group-based tobacco cessation counseling program. This program is conducted one day a week for four sessions (three in December). It is designed to help you stop smoking by implementing a plan tailored around your lifestyle and by providing essential suggestions for coping with cravings and group support. Dinner is provided for this free program. Participants must attend the first class of the series unless prior arrangements have been made.

- To register, call Maiya Bangurah at 214-947-1768.

**SMOKING CESSATION SUPPORT GROUP**
- First Wednesday of the month, 6 p.m.
- Weatherford Conference Room, Methodist Dallas Medical Center, 1441 N. Beckley Ave., Dallas, TX 75203

Whether you’ve recently decided to quit smoking or you’re looking to avoid a relapse, our FREE Smoking Cessation Support Group is here to make staying tobacco-free a little easier. Come share a meal with us and receive valuable support that will help you stop smoking for good.

Topics include stress management, how smoking affects your health, creating and revising a quit plan, weight management, and tips for getting healthier.

- For more information, call Maiya Bangurah at 214-947-1768.

**STEP OUT FOR YOUR HEALTH AND A GOOD CAUSE!**

**Methodist Mansfield Run with Heart**
- Saturday, Jan. 26, 2019, 6 to 11:30 a.m.
- Methodist Mansfield Medical Center, 2700 E. Broad St., Mansfield, TX 76063

Grab your sneakers and register today for the sixth annual Methodist Mansfield Run with Heart. This is a great opportunity to honor first responders as well as loved ones living with or lost to heart disease. The event also benefits a new cardiac rehabilitation center at Methodist Mansfield.

Choose from a chip-timed half-marathon and 5K or the 1-mile Fun Run/Walk. Both the half-marathon and 5K are USA Track & Field certified.

- For a race schedule and to register, go to MansfieldRunWithHeart.org.
The deal when you can’t have dairy

HOW VITAMIN D DEFICIENCY COULD BE AFFECTING YOUR HEALTH

If you’re lactose intolerant or allergic to milk, you likely know that getting enough vitamin D can be tough. If you’re running low on the “sunshine vitamin,” your body is lacking calcium and other essential nutrients it needs to fight disease, heal, and prevent chronic health problems.

Nancy Georgekutty, MD, family medicine physician at Methodist Family Health Center – Mansfield North, runs a blood test to check vitamin levels in her patients who are lactose intolerant or allergic to milk. For those who are vitamin D deficient, she recommends vitamin D2 or D3 supplements, as well as a daily 10-minute dose of sunlight.

“Those who are lactose intolerant are often deficient in calcium, vitamin K, and vitamin B12 in addition to vitamin D,” Dr. Georgekutty says. “These other vitamin deficiencies can be addressed with probiotics.” She adds that it’s important to consult a primary care provider to help manage vitamin deficiencies.

Risks of vitamin D deficiency
Monitoring these vitamin levels is so important because low levels of vitamin D tank your immune system and can lead to osteoporosis, fatigue, depression, hair loss, muscle pain, and an increased risk of developing type 2 diabetes. As Dr. Georgekutty explains, vitamin D helps improve the body’s sensitivity to insulin. Without enough vitamin D, we can become insulin resistant, meaning the body doesn’t process or use sugar correctly.

In addition, a June 2018 study published in the Journal of the National Cancer Institute found that women and men with low vitamin D levels had a 31 percent higher risk for colorectal cancer.

Too much of a good thing
While you don’t want too little vitamin D, you also don’t want too much. Signs of vitamin D toxicity include constipation, abdominal pain, nausea, vomiting, bone loss, kidney stones, and poor appetite.

“Taking more than 4,000 IU of vitamin D per day can increase the risk for toxicity,” Dr. Georgekutty warns. “The average person only needs 600 IU per day. If you are taking a supplement, be sure to follow your doctor’s instructions to make sure you’re getting the nutrients you need without putting yourself at risk.”

» CHECK YOUR LEVELS

Taking a vitamin D supplement? Have blood work done every six to 12 months to ensure your levels are on track. To find a provider to help, visit MethodistHealthSystem.org/Primary-Care.
A HAND-WASHING HOW-TO

1. Wet hands with warm water.
2. Apply soap.
3. Lather and scrub hands for 15 to 20 seconds — as long as it takes to sing the alphabet or birthday song twice.
4. Rinse.
5. Dry hands with a paper towel, and then use that same towel to turn off the faucet.

STOP FLU BEFORE IT STARTS

Methodist Family Health Centers and Medical Groups are offering the flu shot — another great way to prevent illness this time of year. Find a location near you at MethodistHealthSystem.org/Primary-Care.

WHAT IS A PATHOGEN?

Pathogens, or germs, are viruses, bacteria, or other microorganisms that can cause or spread disease.
It’s that time of year when colds and flu are rampant and every surface is seemingly teeming with germs left by sneezes, coughs, and handprints. That’s right — hands unwittingly deposit and collect bacteria and viruses that may sneak into our bodies through a touch of the mouth, eyes, or nose.

“Hand-washing prevents the spread of infections significantly,” points out Senait Woldai, MPC, CIC, infection prevention manager at Methodist Charlton Medical Center. “The best way to do it is with soap and water.”

**The good germs**

Along with those bad germs, however, are some good bacteria that we want to keep alive on our skin.

“Regular soap is ideal because it removes pathogens but not the helpful bacteria that typically reside on our hands and skin,” Woldai says.

These “good” germs include *Staphylococcus epidermidis*, which combats *Staphylococcus aureus*, a common and potentially lethal bacterium that causes skin infections and internal illnesses.

Additional helpful microorganisms are dermobacteria and propionibacteria, which help prevent disorders including MRSA, acne, eczema, and rosacea.

“Antibacterial soaps contain chemicals, such as triclosan and triclocarban, that can potentially kill good bacteria on the skin and hands,” Woldai explains.

The Food and Drug Administration banned triclosan and triclocarban in soaps and body washes in 2016. First, they noted that there was no proof that these chemicals offer any additional protection from diseases and infections. They also cited a dramatic rise in antimicrobial resistance to triclosan. However, the ban doesn’t apply to antibacterial soaps used in healthcare settings or hand sanitizers and wipes.

**Fighting pathogens**

Hand-washing helps avoid life-threatening illnesses, like the flu, hepatitis A, diarrhea, and other ills. We can catch these pathogens by shaking hands or touching contaminated surfaces, including kitchen cutting boards, door handles, credit card terminals, and even more from cell phones.

Several nasty bugs originate in fecal matter, such as *Clostridium difficile*, salmonella, norovirus, and *E. coli*. That’s why hand-washing is mandatory after using the toilet, changing diapers, cleaning up after pets or the sick, and handling raw poultry and meat.

If you don’t have access to soap and water, Woldai advises using a hand sanitizer that contains at least 60 percent alcohol.

Of course, it’s wise to keep clear of germs in the first place. Woldai always carries her own pen; pushes elevator buttons with an elbow; and avoids hand contact with public keypads, keyboards, tables, shopping carts, toilet seats, and toilet handles. She adds that fist bumps are also starting to become a healthcare staple because they minimize contact with the hand while still giving a physical gesture of greeting.

“Also, carry hand sanitizer with you, and try not to touch your nose, eyes, and mouth, which are common ports of entry for germs,” she adds.

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**How 100 trillion bacteria keep you healthy from the inside out**

Your body is a temple, and not only for you. It houses some 100 trillion microorganisms that are quietly doing their own thing, often to your benefit.

“These good bacteria are the first line of defense against harmful bacteria invading your gut, skin, and respiratory tract,” says Senait Woldai, MPC, CIC, infection prevention manager at Methodist Charlton Medical Center.

Most of these good germs are in our stomachs, and Woldai says the best way to get them into our bodies is to eat them. They can be found in some yogurts, cheeses, and other dairy products, as well as in fermented foods, such as miso, kimchi, pickles, tempeh, and sauerkraut.

Don’t overuse antibiotics, Woldai advises, because they can decimate good bacteria along with the bad.

Studies show that maintaining the good gut microorganisms helps prevent a host of ills — and not just the gastrointestinal and bowel varieties. We’re talking obesity, type 2 diabetes, atopic eczema, allergic diseases, and potentially many others.
Home for David Banmiller and his wife, Michelle, is now County Dublin, Ireland, where he enjoys views of the Irish Sea from Malahide Beach, just a few-minutes stroll from his house on the coast. His healthcare home, however, is Methodist Health System.

Once David Banmiller found Methodist Health System, he knew no distance was too great for the care he trusted.
In his 50-year career in the airline industry, David Banmiller managed operations in almost 60 cities in 20 countries. Now that he is retired, he spends most of his time in Ireland.

When it comes to his healthcare, however, you’ll find him somewhere else: online.

Wanting unified, streamlined care, David made two key decisions about his health. First, he moved most of his healthcare to Methodist Health System. Second, he got connected to MyChart.

He’s able to manage his care from the Emerald Isle—or any travel destination, for that matter—through this online patient portal, which is connected to Epic, Methodist’s electronic medical record.

“I’m a 24/7 person, and I can communicate with my doctors and monitor my prescriptions and my health from anywhere in the world at any hour,” David says. “That is truly extraordinary.”

Coming into the ‘ecosystem’

David had primary care providers all over the world. Then when his daughter began working for Methodist in 2016, he chose to transfer his care into what he calls the “Methodist ecosystem.”

“I realized I was going to be spending a lot more time overseas, but I wanted a location to centralize my care,” he says.

His first encounter was with Patrick Boothe, DO, family medicine physician with Methodist Uptown Medical Group. “Dr. Boothe told me the first time I met him, ‘My job is to make sure you stay alive as long as you can,’ and he’s been true to his word,” David says.

Dr. Boothe says his No. 1 focus with patients is preventing and treating heart disease. “That involves blood work, other lab tests, stress tests, and medication management, and I’m able to monitor all these aspects of David’s care through MyChart,” he explains.

Lifesaving heart care

David learned just how important managing his heart health and having a unified team of providers could be this past spring.

On March 26, chest pains landed him in a private hospital in Dublin. He waited a week for the test results showing he had coronary artery disease and a 75 percent blockage in the main artery to his heart. Rather than waiting weeks in Ireland to have the stent placed, he booked a plane ticket. “When someone finally called me to schedule the surgery, I was already in Dallas at Methodist Charlton Medical Center being prepped for the surgery there,” David says.

continued on the next page >>
Via MyChart, he had contacted Dr. Boothe, who arranged an appointment with William E. Posligua, MD, interventional cardiologist on the medical staff at Methodist Charlton.

“Through MyChart, I was able to coordinate records with physicians in Ireland and get them to Dr. Posligua so he could review David’s chart ahead of time,” Dr. Boothe says. “It made his visit more seamless.”

Dr. Posligua performed a cardiac angiogram on David on April 18 and placed the stent that restored blood flow to David’s heart.

“The procedure was not life or death, but chest pain is a sign of lack of blood flow to the heart, which in turn means he was at risk for a heart attack,” Dr. Posligua says, adding that Methodist Charlton has the capability to perform procedures like this through the wrist, called the transradial approach. “There’s less risk of bleeding, and it’s more comfortable for the patient.”

David left the hospital the next day, blown away by the quality of his care. Since then, he communicates with Drs. Posligua and Boothe via MyChart to follow up on his heart health and adjust medications as needed.

Support from other specialties
Heart care is not the only aspect of David’s health that has benefited from Methodist. Since 2016, he’s been receiving care for back issues through the Methodist Moody Brain and Spine Institute.

“I went to other physicians here in Dallas who gave me cortisone shots to relieve the pain, but that wasn’t a remedy to the real core problem,” David says. “No one actually explained that until I met with Dr. Meyrat.”

Richard Meyrat, MD, is a neurosurgeon with the Institute. He diagnosed David with severe spinal stenosis in his low back and performed a minimally invasive procedure to offer him relief for the first time in years.

“The Methodist Moody Brain and Spine Institute works closely with different subspecialties, including pain management and physical therapy, and we all collaborate to come up with the best care for our patients,” Dr. Meyrat says. “Now David has no pain, he’s active, and he enjoys his travels and retirement.”

Also helping David keep an active lifestyle will be a partial knee replacement at Methodist Richardson Medical Center.

Andrew Chambers, MD, orthopedic surgeon on the hospital’s medical staff, plans to perform the procedure with the Mako® robot.

“We can create a preoperative plan based on a CT scan of the patient’s knee, so we can adjust the size, positioning, and angulation of the implant for a perfect fit,” Dr. Chambers explains. “Then in surgery, we transfer that plan to the joint surface. Everything is mapped down to the millimeter, and the robot helps ensure that we cut the perfect amount of bone.”

David is excited about the procedure being done robotically. “It’s so high-tech and so safe and precise that I am looking forward to — if you can imagine this — my knee replacement.”

Dr. Chambers says the surgery was originally planned for the summer, but David’s heart condition led to a delay — and once again, MyChart facilitated that adjustment in his care.

“Good thing we caught the potentially fatal heart condition before we put him under anesthesia. We will have made him healthier for his knee replacement surgery and lessened the likelihood that he would have a heart complication during or after surgery.”

Keeping it in the ‘ecosystem’
David might need a hip replacement down the road. He’s still managing his heart health with Dr. Posligua. And he’s almost due for his colonoscopy. But the plan for all this medical care is to keep it within Methodist.

“What David likes most about Methodist is that we all communicate with each other and that we’re one big team,” Dr. Meyrat says. “He’s told me he likes that it feels like a family.”

On top of that, Methodist has earned David’s trust.

“I’ve had so many successes with Methodist, and now I don’t want to jump outside this ecosystem,” David says. “Frankly, I wouldn’t go anywhere else. I trust Methodist to be my home for my health going forward.”

» HAVE YOU GOTTEN CONNECTED?

David Banmiller encourages every patient to sign up for MyChart. If you’re ready to get connected, visit MyChart.MethodistHealthSystem.org.
Get fast, convenient healthcare at home, at the office or on the go.

You trust Methodist Health System for your care, and now you can access that care anywhere! MethodistNOW, your new virtual healthcare service, lets you chat online with a physician for diagnosis and treatment for the most common conditions. No video chat or phone call required! Simply access MethodistNow.Life from your smartphone, tablet, or computer and complete the online interview to start your visit.

Go to MethodistNow.Life

MethodistNOW is a virtual internet platform and, like each of the Methodist Family Health Centers and Medical Groups, is owned and operated by MedHealth/Methodist Medical Group and staffed by independently practicing physicians who are employees of MedHealth/Methodist Medical Group. The physicians and staff who provide services through the MethodistNOW virtual platform or at the Methodist Family Health Centers and Medical Groups are not employees or agents of Methodist Health System or any of its affiliated hospitals. Texas law prohibits providing the service across state lines.
It’s hard to eat healthy amid the hustle and bustle of the holiday season, but there’s a kitchen tool that’s helping people prepare nutritious meals in a fraction of the time.

Save time during the week
The electric pressure cooker, more commonly marketed under the Instant Pot® brand — and nicknamed instapot, for short — has surfaced in kitchens everywhere. Its popularity soared once people realized just how much time they could save while cooking.

There are recipes for everything you could want — meat dishes, soups, stews, rice, vegetables, pasta, and even desserts. Each is ready in a fraction of the time it would take using a more traditional method. For instance, chicken breasts take eight to 10 minutes versus the 25 to 30 they would take to bake in the oven.

Making healthy food healthier
Pressure cooking works by sealing in steam and not letting it escape until it reaches a preset pressure. It requires little effort for a delicious meal: Put the ingredients into the pot, set the cook time, and the pressure cooker does the rest.

Besides being quick and easy, instapot cooking may also retain the nutrients in certain foods better. One study found that boiling and steaming caused broccoli to lose up to 34 percent of its vitamin C content, but more than 90 percent of broccoli’s vitamin C was preserved with pressure cooking.

Heather Beard, RD, LD, CDE, dietitian at Methodist Richardson Medical Center, offers these tips to make those meals even healthier:
• Use low-sodium broth instead of regular.
• Add more vegetables than originally included in a recipe for soups and stews.
HOMEMADE INSTANT POT BEEF STEW

This beef stew makes the perfect comforting dish on a cold day. Best of all, this meal is full of tender meat with carrots, potatoes, and mushrooms.

INGREDIENTS
1 teaspoon cooking oil
1 pound beef trimmed of all visible fat and cut into 1-inch cubes
4 small onions, halved
4 carrots, peeled and cut into 1-inch pieces
1 large potato (about half a pound), cut into bite-size pieces
1 cup mushrooms, quartered
2 cloves garlic, minced
1 cup water

DIRECTIONS
1. Heat the oil in a skillet set on medium-high heat. Oil should just coat the pan.
2. Add beef and brown, about 5 minutes.
3. Put beef and all other ingredients into a 4-quart pressure cooker, which will finish the stew in less than half an hour. In a pressure cooker, heat until pressure rises and weight starts to rock.
4. Cook on medium heat (so that weight rocks steadily) for 12 minutes. Drop pressure immediately by putting pot under cool running water.

NUTRITION INFORMATION
Number of servings: 4
Amount per serving: 255 calories; 6g fat; 66mg cholesterol; 116mg sodium; 22g carbohydrates; 4g fiber; 29g protein

GET COOKIN’!
Check out some more healthy recipes in our Shine Online blog at MethodistHealthSystem.org/Blog.

WIN AN INSTAPOT!

Kick off your healthy-eating New Year’s resolution in style with your own Instant Pot pressure cooker! Go to MethodistHealthSystem.org/Media and sign up for our monthly Shine e-News by Dec. 31, 2018, to be entered to win.

Should I spend the money?
Whether you’re eyeing a pressure cooker as a gift for a loved one or for yourself, it’s hard to ignore that budgets can be tight, and electric pressure cookers can range from $40 to upward of $300.

“Keep in mind that making meals at home saves you money eating out,” Beard says. “Home cooking also lets you have more control over your salt, sugar, and fat intake.”

Plus, you can’t put a price on someone’s health. An electric pressure cooker could be well worth the investment — and might even earn you a dinner invite!
A weight lifted

Sleep apnea is no longer hindering Tim Teat’s fitness goals

PATIENT STORY

Tim Teat has plenty of energy for rope exercises at the gym now that he is being treated for sleep apnea.
For Tim Teat, physical fitness is a priority. He lifts weights and maintains a strict diet and exercise plan. Yet something was still missing for this paragon of wellness. He should have been gaining muscle. Instead, his weight stayed exactly the same. He should have been full of energy. Instead, he relied on coffee and energy drinks to get him through the day. He should have been sleeping soundly. Instead, his wife woke to the horrific sound of him choking in his sleep — multiple times, every night. But Tim never suspected sleep apnea.

“As far as symptoms go, I didn’t identify with any of the typical issues, like falling asleep while driving or mid-conversation,” he says. “But if I sat in a recliner after 7 p.m., it would swallow me up and spit me out snoring.”

Then one night Tim woke up choking so badly that he got sick. He finally agreed to talk to his doctor, who referred him for a sleep study at the Methodist Richardson Medical Center Sleep Disorders Center.

**Shocking results**

During a typical sleep study, patients sleep for around eight hours to gather the information needed. Tim’s technician came back into the room after just one hour.

“I’ve never seen anything like this,” he told Tim. “This is the worst case of sleep apnea I’ve ever seen.”

Obstructive sleep apnea is a condition in which the upper airway becomes blocked during sleep. This limits or cuts off the airflow, and the patient stops breathing. More than five of these apneic episodes an hour is considered abnormal. Tim was having 78! In other words, he didn’t have one single minute of uninterrupted sleep at night — ever.

**His first sound sleep**

When your head hits the pillow at night, you go through several stages of sleep. The deeper stages have been tied to many health benefits, including better memory and lower blood pressure. Sleep is when the body repairs and regrows tissues, builds bone and muscle, and strengthens the immune system. Tim never left the first stage, so he never got any of these benefits.

After Tim met with Greg Foster, MD, pulmonologist on the medical staff at Methodist Richardson Medical Center who is board certified in sleep medicine, the sleep lab tested several CPAP setups to find the correct fit. CPAP is short for continuous positive airway pressure. Using a nasal mask, these machines push just enough air pressure into the nasal passages to keep the airways open, resulting in uninterrupted breathing.

With the right CPAP machine, Tim dreamt for the first time in his adult life. “It was so incredibly vivid, I’ll never forget that sensation,” he says. “I finally knew what it was like to really sleep.”

**A life changed**

While it typically takes a few weeks for patients to see any improvement, Dr. Foster says Tim’s sleep was affected immediately.

“When he came for a follow-up appointment about two weeks after getting the machine, his apneic episodes were down to an average of two per hour and his blood pressure was normal,” Dr. Foster says. Tim is also finally seeing progress in his fitness goals. Since he started sleeping with the CPAP machine, he has gained 8 pounds of lean mass. What’s more, he feels “a million times better.” But it’s not only about all the things he’s gained — it’s also about what he’s lost. “That exhaustion, that misery is no longer there,” he says. Now, with a solid eight hours of sleep a night, Tim has given up his caffeine habit and gained a new appreciation for what a night of rest can do for his body.

» **HOW TO HAVE YOUR SLEEP STUDIED**

If you’re suffering from poor sleep and would like to be referred for a sleep study at the Methodist Richardson Sleep Disorders Center, go to MethodistHealthSystem.org/Richardson-Sleep for more information.
STROKE CARE
just got stronger

METHODIST DALLAS EARNs COMPREHENSIVE STROKE CENTER CERTIFICATION

Where you go for stroke care matters. In fact, it may mean the difference between life and death.

Methodist Dallas Medical Center recently earned Comprehensive Stroke Center certification, the highest level of stroke certification a hospital can receive from the accrediting organization DNV GL Healthcare. Comprehensive Stroke Centers have the ability to treat the most complex stroke cases and must meet the following requirements:

• Collect and report data on specified performance measures for stroke treatment
• 24/7 neuro critical care unit
• 24/7 operating room access

• Endovascular surgery and imaging capabilities
• Advanced imaging capabilities
• Available personnel trained in vascular, neurology, neurosurgery, and endovascular procedures.

The certification means a lot to Methodist Dallas, but it means even more for patients. Here’s a look at three features of Comprehensive Stroke Centers that can help patients recover after stroke — and prevent future strokes from occurring.

1. Endovascular imaging and surgery
   Endovascular (inside the blood vessel) imaging and surgery allow medical teams to see clots inside blood vessels and remove them surgically, using small incisions and long, thin tubes inserted into veins or arteries.

   “This is a highly specialized area of neurosurgery, and Methodist Dallas is one of only a few hospitals in the area to offer it,” says Bartley Mitchell, MD, PhD, endovascular neurosurgeon on the medical staff at Methodist Dallas.

2. Faster stroke response
   Ideally, an endovascular procedure should be performed within 24 hours after the first signs of stroke. At Methodist Dallas, quick-scan CT technology and neurosurgeons on call 24/7 make it possible for stroke patients to get the quick care they need when they need it.

   “Endovascular intervention has revolutionized the way we treat stroke and has often tripled or even quadrupled the time we have to be able to help someone,” Dr. Mitchell says. “It can often double a patient’s chance of being independent several months after having a stroke.”

3. 24/7 comprehensive stroke care
   As a Comprehensive Stroke Center, Methodist Dallas has the people and technology to treat strokes when they happen and can often reduce the risk of future strokes. Dedicated stroke specialists are available at all hours to create a full workup during a patient’s hospitalization to get to the root cause of the stroke. This information can help the physician and rehabilitation facility create a care plan to prevent future strokes.

   For patients with stroke symptoms, a Comprehensive Stroke Center is the ideal place for lifesaving care. Methodist Dallas is proud to provide this valuable service to our patients.

» KNOW THE SIGNS. RESPOND FAST.

Download a printable bookmark with signs and symptoms of stroke at Blog.MethodistHealthSystem.org.
Rescuing a mother’s heart

THE CARDIOLOGY TEAM AT METHODIST CHARLTON SAVES THE LIFE OF A WOMAN WHO HAD RECENTLY GIVEN BIRTH
On July 18, 2017, Teresa Kirkpatrick gave birth to a healthy daughter, Taylor. Then just a few days later, the young mother started to notice something was wrong with her own health.

“I felt swelling all over my body, and I was battling bouts of nausea,” Teresa says. She brushed off the symptoms as a normal part of recovering from natural childbirth. It turns out her condition was much more serious.

Caught off guard
Teresa was picking up her newborn when she started to feel chest pain. “Someone needs to take this baby,” she called, sliding to the floor in her hallway, her baby in her arms. Luckily, Teresa’s husband, Dwight, and her sister-in-law were close by. One of them took Taylor before they called 911.

Teresa’s main concern was her children. Taylor had just been born, and her other children, Aaleyah and Farrah, were 1 and 3 years old at the time. She started to think the worst.

“I could hear my other kids laughing in the bathtub and yelling ‘Mommy, mommy, mommy!’ and all I could think was, ‘I’m on the ground, and I can’t get up,’” Teresa says.

Team Charlton takes charge
The ambulance arrived and took Teresa to Methodist Charlton Medical Center, where she was first cared for by Christo Philip, MD, emergency medicine physician on the hospital’s medical staff. A feeling of peace came over Teresa as Dr. Philip prayed for her and her family. That’s one of the last things that she remembers before waking up to the voice of John Jay, MD, asking her how she was doing.

Dr. Jay, also on the medical staff at Methodist Charlton, explained that Teresa had experienced a spontaneous coronary artery dissection (SCAD).

“The artery is made up of different layers,” he says. “When a tear occurs, it causes a split in the artery and makes the blood go the wrong way, which causes chest pain.”

SCAD is an abrupt event, and most patients have no prior established history of cardiovascular disease. Women are more likely than men to experience SCAD, and it often presents itself a few weeks after the delivery of a child.

“If the diagnosis is delayed by even a few hours, death often occurs due to lack of blood flow to the heart muscle,” Dr. Philip says. “SCAD is the No. 1 cause of heart attack in women under the age of 50 and the No. 1 cause of a heart attack in women who are pregnant or new mothers.” To his point, Dr. Jay says he’s performed the same bypass surgery on other women shortly after they’ve given birth.

In Teresa’s case, Manish Patel, MD, FACC, FSCAI, cardiologist on the Methodist Charlton medical staff, was the one to diagnose her with the condition immediately after she arrived in the emergency department. In a

HERE FOR HEARTS IN TROUBLE
Methodist Charlton was honored by the American Heart Association with a 2018 Mission: Lifeline® Gold Plus Quality Achievement Award for its ability to care for patients experiencing the most severe heart attacks. Learn more about the hospital’s lifesaving cardiovascular services at MethodistHealthSystem.org/Charlton-Heart.
cardiac catheterization procedure, he placed an intra-aortic balloon pump to help keep her heart pumping, and Dr. Philip put her on a ventilator to keep her breathing. Meanwhile, the cardiac bypass team, led by Dr. Jay, was mobilized at midnight to perform the lifesaving operation to bypass her torn heart vessel. All three physicians worked together to help Teresa when she was on the verge of losing her life.

“Now her heart function is good, and she shouldn’t have limitations in life,” Dr. Jay says. “I’m just glad that we could help her out so she could be there for her kids as they grow up.”

Back to being a healthy mommy
Teresa and her family now live in Kentucky. She encourages other moms to trust their instincts when something feels off and to trust the team at Methodist Charlton.

“I ended up receiving such amazing care,” Teresa says. “I really feel like God coordinated every single person that came to help me from the very beginning, and I’m so grateful that they gave me the chance to spend more time with my babies and to fulfill my purpose on earth.”

Teresa Kirkpatrick and her family enjoy exploring the Louisville Zoo. Making memories like these is even more poignant for Teresa, since she almost lost her life to spontaneous coronary artery dissection.

Your body goes through several changes after birth — but some are far from safe. Here are three changes to watch closely:

1. **WHAT’S NORMAL:** Soreness. The perineum, the area between the vagina and rectum, may feel sore after birth, or you might feel cramping for several days as your uterus shrinks.
   **WHAT’S NOT:** Chest pain. It could be a sign of a pulmonary embolism (a blood clot in the lung) or a serious heart condition.

2. **WHAT’S NORMAL:** Discharge. You may notice a vaginal discharge called lochia for up to a month after birth. It’s your body’s way of eliminating blood and tissue from your uterus.
   **WHAT’S NOT:** Heavy bleeding. This could be a sign of postpartum hemorrhaging. This rare but serious condition causes blood pressure to plummet to dangerous levels. It can occur as late as 12 weeks after pregnancy.

3. **WHAT’S NORMAL:** Swelling. Any swelling in your hands, feet, or face from pregnancy may take time to diminish after delivery.
   **WHAT’S NOT:** Swelling with pain or dizziness. When swelling is joined by redness or aches in your legs, especially the calves, it could be a sign of deep vein thrombosis, or blood clots in your legs. Swelling in the legs, face, or hands joined by dizziness, vision changes, headache, or other symptoms could also signal postpartum preeclampsia.

   “Your OB-GYN can offer ways to relieve normal symptoms, perhaps with creams or medication,” says Jorge Saldivar, MD, PA, OB-GYN on the medical staff at Methodist Charlton Medical Center. “But for more serious symptoms, call 911 immediately. We don’t want to take chances when it comes to a mother’s health. After all, there’s a little one at home now who needs her.”

Additional source: March of Dimes
A chance worth taking

Dr. Valeriy Berger owes his hopeful future to emergency heart surgery at Methodist Richardson

Valeriy Berger, PhD, enjoys strolls with his wife, Irina, in their neighborhood now that he’s recovered from an almost fatal heart condition.
“Irina is being overly cautious,” Valeriy Berger, PhD, thought. He had been complaining of chest pain and shortness of breath that day last January, and his wife insisted on taking him to the emergency department at Methodist Richardson Medical Center. It seemed unnecessary. Little did he know that he was at the beginning of a scary health spiral that would lead to emergency heart surgery.

Building a life in America
The Berger family immigrated to America just before the collapse of the Soviet Union in 1991. Living first in Ohio and Michigan, they finally settled in Plano 13 years ago as their children, Mark, Konstantin, and Anna, began attending high school. At 77, Dr. Berger, who earned his doctorate in physics, had spent more than 30 years as a college professor.

Over the last few years, Dr. Berger had managed his diabetes and high blood pressure. He also knew that he has a slightly enlarged heart, but neither he nor his family ever expected him to suddenly have to fight for his life.

Mysterious heart failure
Upon Dr. Berger’s admittance to the emergency department, the cardiac catheterization lab team was alerted of a patient suffering a possible heart attack. They rushed to the lab, expecting to find a blocked artery needing a stent to reopen it. Instead, they found no blockages, yet Dr. Berger’s condition continued to deteriorate.

“The doctors performed so many tests and procedures to try and figure out what was going wrong with my heart,” Dr. Berger explains. “My family was very scared that I wasn’t going to survive.”

An echocardiogram showed the problem: Dr. Berger’s aortic valve had suddenly ruptured and was leaking blood back into the heart. The cardiology team then consulted Derek Williams, MD, cardiothoracic surgeon on the medical staff at Methodist Richardson.

Dr. Williams says most patients with heart valve conditions experience slow degeneration of the valve over time, not an abrupt rupture like Dr. Berger had.

“At this point, Dr. Berger had acute decompensated heart failure, which is the sudden worsening of the patient’s heart function,” Dr. Williams explains. “When the heart isn’t functioning properly and has to work too hard, other vital organs begin to struggle.”

No time to lose
Dr. Williams broke the news to Dr. Berger and his family: An immediate operation was needed to replace the leaking valve. This was an understandably risky surgery given that several of Dr. Berger’s organs were already failing and he was fighting a respiratory infection. But if they didn’t operate now, it would be too late.

“Heart surgery normally has a 2 percent mortality rate, but in this case, he faced a more than 25 percent chance of not surviving the surgery,” Dr. Williams says. “Still, it was the only chance we had.

“Due to how damaged Dr. Berger’s valve was, I opted to replace the entire valve with a biological [versus mechanical] valve that will last at least 10 years.”

Within hours of his surgery, Dr. Berger’s vitals improved. His recovery was rapid and exceptional, with him going home only 21 days later to continue with several months of rehabilitation.

“My family tells me that I was a pretty ornery patient while in the hospital, and still, every nurse and doctor there did their absolute best to save my life and get me home,” Dr. Berger says. “I’m looking forward to getting back on my bicycle and taking walks with my wife around our neighborhood. I wouldn’t have these hopes if it wasn’t for the cardiology team at Methodist. I am so grateful.”

> HOW HEALTHY IS YOUR HEART?

Annual health screenings can help your doctor monitor challenges your heart might be facing. Learn more about those health checks in our Human Owners Manual at MethodistHealthSystem.org/Blog.
Melanie Krueger is a 46-year-old, two-time heart attack survivor who knows well the signs of heart issues. So when acute chest pain, coughing, shortness of breath, and nausea struck her at work one day in January, she went to the emergency department at Methodist Mansfield Medical Center for what she thought was heart attack No. 3.

Melanie learned the problem was actually severe acid reflux. Worsening symptoms significantly impacted her home life and work life as well. “I was tired all the time and popping Tums like candy,” she says. “I was throwing up daily, and it hurt to lift anything. Even lifting my grandkids was more than I could handle.”

Melanie turned to Gary Alexander, MD, FACS, general surgeon on the medical staff at Methodist Mansfield, for help. Diagnostics began with an upper endoscopy — a small camera inserted through the patient’s mouth explores the esophagus, stomach, and upper intestine to assess the damage caused by acid reflux.

Dr. Alexander discovered that the root cause of Melanie’s pain was a hiatal hernia, a larger-than-normal break in the muscle of the diaphragm that prevents the esophagus from closing completely. This widened opening allowed the pressure from the chest cavity to suck part of Melanie’s stomach back into her upper chest, causing the majority of Melanie’s symptoms.

“Dr. Alexander was the first doctor who actually gave me hope,” Melanie says. “The way he handled things and took his time with me, I trusted everything he said.”

Easier for both doctor and patient
“Many over-the-counter medications can help control reflux symptoms, but hiatal hernias are physical issues that require surgery to fix,” Dr. Alexander explains. For Melanie, that meant a two-part operation: first, repairing the hernia — while working around her heart and liver — and second, restructuring her internal anatomy to help prevent her reflux from recurring.

The robotic da Vinci® Surgical System enhanced the maneuverability necessary for this delicate process. This technology uses three robotic arms and a high-definition camera, all controlled by the surgeon, to move instruments in tighter positions with increased ranges of motion.

Once the stomach was repositioned, Dr. Alexander closed the diaphragm around the bottom portion of Melanie’s esophagus to repair the hernia. That area was also reinforced with mesh to ensure proper healing and long-term success.

The final stage of the procedure, called a Nissen fundoplication, was to take the top of the stomach (now properly repositioned) and wrap it around the bottom of the esophagus to further buttress the esophagus’ valve function while preventing recurring acid reflux.

“The surgeon’s dexterity and visibility are so much better with robotics,” Dr. Alexander says. “It’s like having better vision and three arms.”

It took just under an hour to complete both procedures minimally invasively.

‘Better than normal’
Melanie had a one-night hospital stay and a smooth recovery with limited restrictions.

“I will never forget the energy I had after the surgery,” says Melanie, who loves that she can lift her grandkids again and eat whatever she likes without any acid reflux symptoms at all. “I’m not back to normal — I’m better than normal. That surgery is the best thing I’ve ever done.”

Dr. Alexander echoes Melanie’s enthusiasm. “This is a common physical problem, and there is a surgical solution. We hope every patient has a great experience like Melanie did.”

21ST-CENTURY SOLUTIONS
Learn more about Methodist Mansfield’s robotics capabilities at MethodistHealthSystem.org/Mansfield-Robotics.
with a gentle touch

AN END TO MELANIE KRUEGER’S ACID REFLUX

Melanie Krueger has plenty of energy to keep up with her grandkids now that she’s no longer debilitated by acid reflux.
Excellence in an emergency

The Diaz family is relieved that their newest member, Daniella, is doing well after spending 75 days in the NICU at Methodist Mansfield.
Erica Diaz and her husband, Mario, thought their third pregnancy was progressing normally. She blamed her exhaustion on being too busy. After all, she was also running a home-based business and caring for her 10-year-old son, Aaron, and 6-year-old daughter, Isabella.

Little Daniella was due in February 2018. But on a mid-December Saturday, Erica couldn’t feel the baby moving.

“We tried playing music and shining a light on my belly to wake her,” Erica says. “Sunday morning, I had a big meal. That would usually wake her. After 30 minutes, I said, ‘This isn’t normal.’”

Prepared to care
After talking to the physician on call at her OB-GYN’s office, Erica went to Methodist Mansfield Medical Center to make sure everything was fine.

Since Erica had previously had a wonderful experience delivering her daughter Isabella at Methodist Mansfield, she knew the hospital had everything to provide expert care for her and her baby.

Methodist Mansfield has a dedicated obstetrics emergency department (OB/ED), with specialists on hand 24/7 to care for expectant mothers and their
unborn infants. The OB/ED team began monitoring Erica and saw that the baby’s heart rate was fluctuating dramatically. Erica was started on medications to help the baby and admitted to the labor and delivery unit for overnight observation.

During an ultrasound, the baby showed signs of increasing stress and more frequent heart fluctuations. The Methodist Mansfield team consulted with a high-risk obstetrician, and they decided to deliver Daniella immediately.

Expected arrival
At 29 weeks, Daniella should have weighed about 3 pounds, but she was just 1 pound, 7 ounces — the size of a 24- to 25-week preemie. A problem had developed with Erica’s placenta, preventing adequate nutrition from reaching Daniella during her last weeks in utero.

Had Erica not come to Methodist Mansfield when she did, Daniella might not have survived. The baby spent her first 75 days receiving vital blood transfusions, oxygen, and nutritional support in the hospital’s neonatal intensive care unit (NICU), equipped to care for babies as young as 23 weeks.

“It is crucial to have the OB/ED, labor and delivery, and NICU services located together at Methodist Mansfield,” says Paul Lansdowne, MD, FACOG, CPE, OB hospitalist on the medical staff at Methodist Mansfield. “Sometimes it makes a critical difference in the outcome for a mother or baby.”

Her hospital
Today, Erica and her family are grateful that Daniella is doing well and developing on track.

“My baby was so small,” Erica says. “The nurses and doctors were awesome. If it weren’t for them, she wouldn’t be here. Methodist Mansfield is my hospital.”

Dr. Lansdowne says that is the hospital’s goal — to be there for all families in the communities it serves. “You can expect the best at Methodist Mansfield,” Dr. Lansdowne says. “Bringing new life into the world is precious, and we focus on the patient experience to make it the best and provide the highest quality of care.”

Moms helping moms with Donor Milk to Go

There’s help for new moms struggling with their milk supply when they leave the hospital with their babies. Through Donor Milk to Go, a new program by Mothers’ Milk Bank of North Texas (MMBNT), Methodist Mansfield Medical Center now can offer those patients a solution. Moms can purchase donor milk from MMBNT, rather than use formula, to ensure that their babies receive the nutritional benefits of breast milk at home.

Methodist Mansfield is only the second hospital in the Dallas-Fort Worth area to bring the Donor Milk to Go program to families in need. Your labor and delivery nurse or lactation consultant will provide information on how to access the program.

INTERESTED IN DONATING?

A step forward in promoting infant health, Donor Milk to Go is made possible thanks to an increased supply of donated breast milk to MMBNT, which also supplies donated breast milk for our medically fragile infants in the NICU.

Go to texasmilkbank.org for information on how to complete the milk bank’s donor screening process and, when cleared, how to contact a drop-off location, including Methodist Mansfield.

FOR YOUR FAMILY

The nationally recognized women’s services at Methodist Mansfield are here for you. Find family-centered OB-GYN care close to home at MethodistHealthSystem.org/Mansfield-Women.
Mansfield is a wonderful place to raise a family, and Methodist Mansfield Medical Center is proud to help you get a healthy start, delivering high-quality, compassionate care to women and children close to home.

**Special deliveries found here**
The Women’s Center at Methodist Mansfield has everything needed for a personalized delivery experience, including:

- Private, family-friendly labor and delivery suites and recovery rooms
- Private mom-baby Family Centered Care unit
- Specialty obstetrics surgery and recovery rooms for cesarean deliveries
- Neonatal intensive care unit (NICU)
- Obstetrics emergency department (OB/ED).

“The services work together so patients receive a seamless experience with a consistent level of great care,” says Jordyn Gary, BSN, RNS-NIC, neonatal intensive care manager.

**Caring for tiny babies**
The NICU is equipped to care for babies as young as 23 weeks. Staffed 24/7 with neonatologists and a neonatal nurse practitioner, fragile babies receive the specialty care they need.

The NICU’s InTouch portable telemedicine cart brings advanced technology to baby’s bedside, enabling real-time consultations with other specialty care physicians. Methodist Mansfield’s NICU also features individual breast milk warmers at each baby’s bedside to help ensure the milk is always the right temperature and readily available.

Soon the NICU will be expanding from eight to 16 beds and adding space for family-centered care. Also, a new Angel Eye camera system will allow families to keep an eye on their infants even when they can’t be at the hospital. The project is expected to be completed in fall 2019.

**Ready in case of an emergency**
In our OB/ED, we have OB-GYNs on-site 24/7 to expeditiously handle emergencies or pregnancy-related concerns. This enhances patient safety and reduces patient wait times by providing collaborative care before the patient’s physician arrives.

“Having around-the-clock support for women with pregnancy concerns or complications can ensure that our patients receive timely and specialized care, so expectant mothers can have peace of mind,” says Leigh Wilson, MSN, RN, manager of labor and delivery.

**Kids Zone eases ED stress**
As little ones grow, the Methodist Mansfield emergency department is open 24/7 to help treat unexpected injuries and illnesses. The Amon G. Carter Foundation Kids Zone can make their visits to the hospital less stressful.

“It’s important to make children feel comfortable when you’re caring for them,” says Jeremy Taylor, MS, BSN, RN, director of emergency services. “You want to try to calm their nerves and refocus their attention while you’re doing procedures.”

The Kids Zone features colorful, nature-themed graphics along the hallway and in three kid-friendly, private exam rooms. In addition to fun artwork, there’s a variety of mobile electronic games, an iPad, and an amazing LED-lighted, bubble-blowing rover to help keep young patients occupied.

Whatever your family’s healthcare needs, Methodist Mansfield is here to help. After all, your family is part of our family.

**FIND AN OB-GYN**
Whether you’re ready to start or add to your family, find a local OB-GYN at MethodistHealthSystem.org/FindADoctor.
Imagine needing not just one mammogram but two, plus an ultrasound — every year, no matter what. Sylvia Dunnavant Hines endured this frustrating pattern for nine years until Methodist Charlton Medical Center brought 3D mammogram technology within reach.

**The journey begins**

Sylvia’s journey with breast cancer awareness began in 1994 when her maternal aunt passed away from the disease, prompting her first mammogram at age 34.

“The results were inconclusive, and afterward they said we needed another view,” she recalls. Her doctors learned that she had fibrocystic breasts (breast tissue containing lumps or nodules). When she turned 50, they recommended ultrasound scans with each mammogram from that point on because the mammogram itself would never be conclusive.

**Allison DiPasquale, MD**, medical director of oncology and breast surgical oncologist on the medical staff at Methodist Charlton, explains the need for additional testing: “With standard 2D mammograms, the breast is compressed and the image that shows up is what you get. If a patient has dense or fibrocystic breasts, it’s sometimes difficult to assess whether what you see is normal tissue or cause for concern.”

Sylvia’s results have always been negative, but that didn’t make them less stressful.

“At one point, I’d done three different mammograms, then an ultrasound after that,” she recalls. “It was always like holding your breath until you got the results.”

**Seeing clearly**

Sylvia saw her anxiety diminish greatly after she learned about 3D mammography in 2017 at Falling for Pink, an event hosted by Methodist Charlton each fall for breast cancer survivors and their loved ones.

3D mammograms still use X-ray technology but apply it differently. Instead of a single compressed image, sequential images are taken in an arc across the breast to get a comprehensive view of the breast tissue. The multiple images are then combined to form a 3D image.

In addition to improved clarity, Dr. DiPasquale says 3D mammograms increase detection of invasive breast cancers by 30 percent, and callbacks for cancerous indicators are 50 percent more accurate than with 2D mammograms.

Sylvia’s first 3D mammogram this past April marked the first time in nine years that she didn’t need any additional tests. “It is such a breath of fresh air to know that technology can bring such peace,” she says.

**The importance of mammography**

Dr. DiPasquale recommends annual screenings for all women after age 40, but mammograms should start sooner if you have a family history of breast cancer.

“What’s most important is yearly screening,” Dr. DiPasquale advises. “3D is better than 2D, but whichever technology is used, early detection leads to better prognosis and outcomes. Discuss your options with your family physician or OB-GYN.”
“IT IS SUCH A BREATH OF FRESH AIR TO KNOW THAT TECHNOLOGY CAN BRING SUCH PEACE.”
— SYLVIA DUNNAVANT HINES

Check it out
Call to schedule your mammography appointment today:
• Methodist Charlton 214-947-5490
• Methodist Dallas 214-947-3441
• Methodist Mansfield 682-622-7210
• Methodist Richardson 469-204-2140.

In 1995, Sylvia founded the Celebrating Life Foundation, dedicated to bringing breast cancer awareness to African-American and medically underserved women around the world. Today, her message includes a passionate endorsement for 3D mammography, which as of Jan. 1, 2018, is covered by all insurance companies in Texas.

“What I know and what I’ve experienced over two decades in breast health education is that mammograms save lives,” she says. “Everyone should have one at the appropriate age.”
Bailey Adam experienced sudden cardiac arrest while running a half-marathon earlier this year. Watch her story at MethodistHealthSystem.org/Media.
Twenty-eight-year-old Bailey Adam carefully steps onto a treadmill for her regular gym workout, and within a matter of seconds, she confidently finds her stride. Her pace is a little slower than the one she used in last March’s Rock ‘n’ Roll Dallas Half-Marathon — the race where she went into sudden cardiac arrest at mile 12.

More than a bump in the road
“I still don’t remember too much about it,” the McKinney woman says. “I have a few memories from before the race, like finding my pace group. I woke up a few days later at Methodist, where I had a lot of loving eyes on me — people who really seemed to care about me.”

Bailey spent several days unconscious in Methodist Dallas Medical Center’s intensive care unit. Her family prayed that she wouldn’t be a part of an alarming statistic.

“Every five days, an athlete dies from sudden cardiac arrest,” says G. Mark Jenkins, MD, FACC, interventional cardiologist on the medical staff at Methodist Dallas. “The No. 1 cause is a genetic condition called hypertrophic cardiomyopathy, which causes the thickening of the heart wall. That can make it harder for the heart to pump blood.”

Her good Samaritans
People with hypertrophic cardiomyopathy often have few, if any, symptoms. Bailey, her mother, and her sister all have the genetic condition. Her sister played college basketball, and Bailey had run long distances before without trouble. She didn’t think twice about running a half-marathon on a warm Dallas day. But she says, “I wouldn’t have lived long enough to make it to the hospital if somebody hadn’t been right there to save me.”

continued on the next page >>
That somebody was a Dallas ISD police officer assigned to mile 12 of the race route. With the help of two runners, the officer performed CPR. Dr. Jenkins says high-quality CPR is vastly underrated.

“For every minute somebody doesn’t receive CPR in the field, his or her chance of survival decreases 7 to 10 percent,” he says.

Robert Simonson, DO, chairman of the emergency department and emergency medicine physician on the Methodist Dallas medical staff, says: “The stars lined up just right for Bailey that day: the alert bystanders who performed CPR, the emergency responders who brought her to Methodist Dallas, our emergency physicians and nurses and inpatient teams who continued her care — everyone did exactly the right things.”

Safer strides in the future
Cardiac electrophysiologist David Levine, MD, on the Methodist Dallas medical staff, implanted a cardiac defibrillator in Bailey a week after the race. She says the device lets her exercise and live almost as though nothing ever happened.

“If my heart rate gets too high, the device can slow it down,” she says. “If it stops again, it will help get it started.”

Bailey says she is more careful about exercise. She’s shifted her fitness focus to more weightlifting and less running. When she does cardiovascular activities, she can’t push herself beyond the point where she can hold a conversation.

Especially important, Bailey now checks in regularly with her doctors. She admits that she should have had a checkup before starting to train for the Rock ‘n’ Roll half-marathon. She still loves the sense of accomplishment that comes from finishing a race, however, so her new goal is to run a 5K later this year.

“I want to be able to say, ‘You’re fine. You did it,’ but nothing too crazy,” she says.

Bailey recently learned CPR herself, and she strongly encourages everyone to do the same.

“Nobody expects to need it, but it was the deciding factor between me living and dying that day,” she says. “If you learn it, you could save someone’s life.”

## WORRIED YOU MIGHT HAVE A HEART CONDITION?

A condition like hypertrophic cardiomyopathy can often be detected with an echocardiogram, or echo, for short. If you think you’re at risk, call 214-444-7303 for a physician referral today.
ONE bite TOO MUCH
FEND OFF OVEREATING WITH THESE 5 TIPS

Obesity continues to rise in America, and overeating takes a large share of the blame. The “bigger is better” culture has worked its way into the American diet and contributed to many of the habits that can lead to overeating.

Bariatric surgeon Manuel E. Castro, MD, on the medical staff at Methodist Charlton Medical Center, shares his most practical tips to combat chronic overeating.

1. Go ahead, spoil your dinner.
Consuming foods that are high in fiber and low in calories (think pears or bananas) and drinking a glass of water before meals can aid in feeling full so you are less tempted to overeat.

2. Keep snacking.
Research shows that eating healthy snacks, such as fruits or vegetables, between meals can keep you from getting too hungry and then overeating during a mealtime.

3. Salad plates every time.
Opting for a smaller dish will limit the amount of food you can put on your plate and make you more aware of portion sizes.

4. Food stays in the kitchen.
If you are used to serving food from the table, consider leaving food in the kitchen. Making a plate and taking it to the table to eat can help curb the temptation to keep eating.

5. Skip the booze.
Alcoholic beverages are filled with calories but won’t fill you up. Plus, they trigger neurons in your brain that increase your appetite. Pass on the alcohol, and you might boost your willpower to stop eating.

Mindful eating

Our lives are busier than ever, which has led to “autopilot eating,” explains Theresa Salmon, LCSW, director of family medicine behavioral health at Methodist Charlton Medical Center. We eat on the go, not paying attention to what and how much we’re eating. “Mindful eating is pausing and giving our undivided attention to the act of eating, which will help you take notice of your bodily cues of hunger and fullness,” Salmon says.

“While these strategies can help with overeating and even prevent weight gain or lead to weight loss, they may not be enough for people suffering from morbid obesity,” Dr. Castro explains. “When conservative treatments have failed, bariatric surgery is an acceptable alternative and may make following the guidelines above much easier.”

» RIGHT FOR YOU?

To determine if you are a candidate for bariatric surgery, start by getting a detailed evaluation with a bariatric surgeon. Begin your search here: MethodistHealthSystem.org/FindADoctor.
Whether it’s on a trail or a treadmill, Mike Kane runs just about every day. He is a lifelong runner who competes in half-marathons and typically logs as many as 50 miles a week. In fact, in August 2017, he was training for a race when intense pain in his abdomen stopped him in his tracks.

He was scheduled to take a flight for a business trip later that day, but at his wife’s urging, he went to the emergency department to have the pain checked out. That was the beginning of what would be a yearlong cancer journey.

Tests confirmed that Mike had a large, cancerous mass in his colon. Within days, he had surgery to remove the tumor, but it was too late. The cancer was stage IV, and it had spread to his liver.

“Early on, I said to myself, ‘No matter what happens, I’m going to have a great attitude, and I’m going to be the strongest, fittest stage IV colon cancer patient there’s ever been,’” Mike says.

Racing toward victory
Several doctors told Mike that the tumors in his liver were not operable — that was until he was referred to D. Rohan Jeyarajah, MD, FACS, director of gastrointestinal (GI) surgical services and general surgeon on the medical staff at Methodist Richardson Medical Center.

“I looked at the imaging scans of Mike’s liver with some of the best radiologists I know, and I told him there was a risk that he wouldn’t survive, but I felt we could do this,” Dr. Jeyarajah says.

Mike was all in. He was determined to beat the odds.

Those odds were not in his favor. Doctors told him 92 percent of stage IV colon cancer patients would not survive five years.

“I just looked at them and said, ‘What do I have to do to be in the 8 percent?’” Mike says.

The next step was more surgery to remove the cancer from his liver. It was successful, but three-quarters of Mike’s liver had to be removed.

“He is one of the most motivated patients I’ve ever seen,” Dr. Jeyarajah says. “His mindset, his positive attitude, and his exercise clearly played a role in his recovery.”

Taking it in stride
In the days that followed, Mike was walking laps around the hospital’s intensive care unit. Once he got home, it wasn’t long before he was running again. Even on the days he had chemotherapy treatments, Mike couldn’t wait to get on the treadmill. He often had a portable chemo pump that he hid in a fanny pack while he ran.

“My logic was that if I ran and sweated out the chemo, it would get out of my system faster and I would feel better,” he says. “I would envision while I was running that my blood was pumping the chemo to every cell of my body, killing the cancer.”

And on May 16, 2018, just nine months after his initial diagnosis, Dr. Jeyarajah told Mike the words he had been waiting to hear. His latest scans showed no evidence of disease.

The finish line is just the beginning
Mike feels like he has a new lease on life and now wants to help others. He had no idea that colon cancer ran in his family or that his grandfather had died from it.

He cautions others: “Don’t be afraid to talk about stuff like this and be sure to get your colonoscopy. My cancer probably started as a tiny polyp that could have been taken care of in a snap, and I wouldn’t have had to go through all this.”

His cancer journey has been a marathon in itself, but Mike is eager to get back to races that end with a medal around his neck at the finish line.
ONE STEP AT A TIME

Since his cancer diagnosis, Mike Kane has been determined to outrun the disease. Watch him share his story at MethodistHealthSystem.org/Media.

STOP CANCER BEFORE IT STARTS

New guidelines say most people should start screening for colorectal cancer in their mid-40s. If you’re due, get connected with a gastroenterologist by calling 214-444-7303.
PATIENT STORY

When less

» THINKING ABOUT WEIGHT-LOSS SURGERY?
Between them, Katrina Leonard and Corey Cade have lost more than 175 pounds since their gastric bypass procedures. What could a bariatric procedure do for you? Find a surgeon who performs these surgeries at MethodistHealthSystem.org/Mansfield-Bariatrics.
Corey Cade’s life was limited before weight-loss surgery. After returning from deployment in 2003, the former career Army serviceman had multiple surgeries for painful bone spurs in his heel. A string of complications and illnesses followed that left him hardly able to walk. As a result, he started gaining weight.

“I couldn’t exercise; I was depressed; and I just kept eating more than I should have,” Corey says.

When the formerly 220-pound, 6-foot-tall Army man topped out at 300 pounds, he decided to approach Andrew Standerwick, MD, bariatric surgeon on the medical staff at Methodist Mansfield Medical Center.

Choosing the right surgery
Dr. Standerwick determined that Corey met the requirements to undergo the gastric bypass procedure. Not only was his body mass index above 40, but his weight was contributing to other serious health conditions, including kidney disease, sleep apnea, and high blood pressure.

“Laparoscopic gastric bypass has a track record for effective long-term weight loss,” Dr. Standerwick says. Compared with other surgical weight-loss procedures, gastric bypass also traditionally produces greater weight-loss results in a faster time frame, which is helpful for treating morbid obesity.

The surgery itself involved making six incisions, each about an inch in length, which allowed Dr. Standerwick to access Corey’s stomach and small intestine. These smaller incisions — instead of one large incision used in traditional open procedures — resulted in a faster recovery time and less postoperative pain for Corey. Patients may need only two days to recover in the hospital before going home.

During the procedure, the stomach is divided into two portions: a small functional upper stomach and a lower remnant stomach. The small intestine is then rerouted to connect to the small upper stomach. Less stomach volume means that patients eat less food, plus it changes their physiological response to food.

A total health makeover
It sounds relatively simple, but potential patients should know that weight-loss surgeries are not easy fixes.

“It’s not just the surgery that determines how successful you are at weight loss,” Dr. Standerwick explains. “It takes dedication and diligence, including adopting a new diet, exercise regimen, and overall healthy lifestyle.”

For Corey, that meant more than adjusting his diet.

“Dr. Standerwick said I had to quit smoking if I wanted the surgery,” Corey says. “I quit cold turkey that day.”

Since the surgery in August 2017, Corey has lost almost half his body weight and clocks in at 175 pounds.

“I wanted to live to see my kids graduate high school and college and have their own kids,” Corey says. “It was incredibly painful to walk before, and now I can walk around the block and go to the grocery store with my family instead of waiting in the car. My kidney function and blood pressure have improved, too.”

Corey’s surgery was such a success that his wife, Katrina Leonard, had the same procedure nearly a year after he did.

“He’s her coach — and he would be a very good coach because he did great with his weight loss,” Dr. Standerwick says. “He took to heart the recommendations from me, the dietitian, and his other doctors and really acted on them. He practices what he preaches.”
If you’re in your mid-40s and haven’t had your colon checked, it might be time. Screening guidelines have changed.

The American Cancer Society’s guidelines for colon cancer screening now recommend that adults at average risk get screened starting at age 45 instead of 50. Getting screened is the first step in prevention.

Methodist Health System facilities currently have technologically advanced screening tools to detect cancer at earlier stages, and its care providers offer personalized healthcare services for every stage of life and every state of health. Trust. Methodist.

To find a Gastroenterologist or Colon and Rectal specialist, please call 214-444-7303.
Methodist Dallas Medical Center is now home to a clinic designed specifically to treat patients living with HIV, their partners, and other individuals at risk. The Partners Clinic offers patients a range of preventive measures, some of the latest advancements in HIV treatment, and primary care.

“We want to be a source of reassurance and encouragement for our patients, to help relieve them of living in a patient role,” says Steven Klemow, MD, AAHIVS, medical director for the clinic and a member of the medical staff. “Although there is no cure for HIV, we have effective medications that can give patients a second chance at life. Our goal is to make them feel like they are human beings, not a virus, because every day is a gift.”

The benefit of centralized care
The clinic, located on the third floor of the Methodist Dallas Golden Cross Academic Clinic building, opened last summer and has already seen dozens of patients. Dr. Klemow says having the Partners Clinic located at Methodist Dallas is a huge benefit for patients. With decades of experience treating HIV, he doesn’t hesitate to call this collaboration with Methodist Dallas a game changer.

“We can be involved in all the aspects of patients’ care when they are in this hospital,” he says. “They feel a sense of reassurance, dignity, and discretion here.”

There’s something else that makes the Partners Clinic unique: An on-site pharmacist trained in HIV drug management works with patients to help manage their many medications.

“We can do more for our patients than explain how the drugs work,” says Paa Kwesi Yanful, PharmD, BCPS, AAHIVP, clinical pharmacy specialist. “We can help them figure out how to get their medicines paid for. That’s something special we offer here.”

Dr. Klemow says the team strives to make patients feel like they are part of a family at the Partners Clinic.

“There is a sense of family at this place,” he says. “The acceptance, validation, and advocacy here have been amazing.”

“THERE IS A SENSE OF FAMILY AT THIS PLACE. THE ACCEPTANCE, VALIDATION, AND ADVOCACY HERE HAVE BEEN AMAZING.”

— STEVEN KLEMOW, MD, AAHIVS
A DeSoto pastor avoids stroke thanks to quick action at Methodist Charlton

The Rev. Oscar Epps will never forget Easter Sunday 2018. He was preaching at Community Missionary Baptist Church in DeSoto when he suddenly couldn’t remember the next part of his sermon and started feeling “very weird.” Despite the warnings signs, the pastor traveled 15 minutes to preach at his second church in Cedar Hill.

“I shared with the congregation, ‘Guys, I’m having a strange feeling that I’ve never had before. Please come to the altar to pray for me,’” Oscar says. “When I got to the podium, my daughter says my speech became slurred.”

Destany Epps called the family’s physician, Michael Marshall, MD, with Methodist Family Health Center – Cedar Hill West, who advised that Oscar go to the hospital immediately. Oscar quickly got in an ambulance, accompanied by his wife, Belenthia. En route to Methodist Charlton Medical
those of a stroke, Oscar actually had a condition called hypertensive encephalopathy, an abrupt increase in blood pressure that can lead to a stroke if untreated. Symptoms of hypertensive encephalopathy include muscle weakness, poor decision-making or concentration, involuntary twitching, trembling, difficulty speaking or swallowing, and seizures.

Madhu Kumar Patalay, MD, internal medicine physician on the medical staff at Methodist Charlton, says Oscar was “brought in at just the right time, because without treatment, there’s always a risk of hemorrhage and stroke.”

One of the first physicians to see Oscar that day was Faraz S. Hafeez, DO, also an internal medicine physician and a hospitalist at Methodist Charlton.

“We were in constant contact with the neurologists, and we determined that the CT scan of his brain looked good,” he says. “We also checked for any tumors or masses and took an echocardiogram to ensure he didn’t have any blood clots.”

After running multiple tests and getting his blood pressure under control, Oscar’s medical team increased the dosages of two blood pressure and cholesterol medications he’d been taking and added another drug to his regimen. Oscar says he started feeling normal after 48 hours in the hospital.

Road to recovery
Oscar says he has recovered “100 percent.” He still takes medications and regularly sees a cardiac specialist, G. Mark Jenkins, MD, on the medical staff at Methodist Dallas Medical Center. He’s also taking steps to reduce the amount of stress in his life and lose weight.

Indeed, lowering stress levels, along with eating a healthy diet rich in fiber, fruits, and leafy green vegetables and maintaining a healthy weight, can help reduce the risk for high blood pressure and stroke.

Now that Oscar knows how to prevent future complications, he’s optimistic and in charge of his health. “I had a beautiful experience at Methodist Charlton,” he says. “My physicians and the neurologists there took excellent care of me.”

Watch the Rev. Oscar Epps share the story of the almost-tragic Sunday when Methodist Charlton saved his life. Go to MethodistHealthSystem.org/Media.
Most people who have had shingles would likely agree that it’s a miserable experience, which is unwelcome news for the estimated 1 million people who will develop the condition this year, according to the Centers for Disease Control and Prevention.

The good news is that there are two vaccines that can significantly reduce your chances of developing shingles, a virus that usually manifests as a painful, blistering red rash appearing on one side of the body. The condition is triggered by a reactivation of the varicella-zoster virus, also known as the virus that causes chickenpox.

“Anyone who has had chickenpox or received the chickenpox vaccine can get shingles, regardless of age, but the risk of developing shingles certainly increases as we get older,” explains Matthew Crotty, PharmD, infectious disease clinical specialist at Methodist Dallas Medical Center. “While we have medications that can lessen the impact or duration of a shingles outbreak, there’s no cure — and once you develop shingles, you’re at risk for future breakouts. That’s why we encourage people to take advantage of the shingles vaccine if their physicians recommend it.”

**The benefits vs. the risks**

Two types of vaccines are available: Zostavax®, which is administered as a single injection, and Shingrix™, which is administered in two doses two to six months apart.

“Typically, the vaccines are recommended for everyone 60 and older,” Dr. Crotty says. “But in cases where a person has a compromised immune system or other issues, a physician might recommend vaccination at an earlier age or advise against vaccination altogether.”

Like all vaccines, the shingles vaccines can produce side effects, including pain at the injection site, a chickenpox-like rash, swelling, fatigue, or fever. However, these risks are far outweighed by the vaccines’ benefits, Dr. Crotty says.

“The shingles vaccines have proven highly effective when it comes to preventing shingles, which is a painful, even debilitating illness that can sometimes lead to serious complications,” he says. “The temporary discomfort of a shot in the arm is nothing compared to getting shingles that can flare up and reoccur for the rest of your life. Once you turn 50, I definitely recommend that you put a shingles vaccine on your list of items to discuss with your physician.”

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**Are you protected against shingles?**

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**AN OUNCE OF PREVENTION ...**

... is worth a pound of cure. Look into getting the shingles vaccine today at one of our Methodist Family Health Centers and Medical Groups locations. Find a doctor at MethodistHealthSystem.org/Primary-Care.
In late 2017, Methodist Health System approved a multitiered expansion at Methodist Richardson Medical Center, and things are moving along steadily.

The seven-story parking garage opened this fall ahead of schedule. The structure features 671 parking spaces, allowing patients and hospital staff to easily access the hospital, Methodist Richardson Cancer Center, and the physician office building.

“We are very pleased with the progress of this project,” says Methodist Richardson President Ken Hutchenrider Jr., FACHE. “The garage went up fast because precast elements were trucked in and put into place with a crane. You could see daily progress.”

Groundbreaking on the $85 million expansion project took place at the site of the new garage on Jan. 25, 2018. Hours later, heavy equipment was already at work.

**New levels of care**

With the garage complete, construction crews are now focused on the main hospital’s vertical expansion. The hospital is building floors 5 and 6, which will add 150 new private patient suites. Construction is expected to be complete in late 2019, but crews are working diligently to minimize inconvenience.

“There are lots of ways to tighten a construction schedule,” says Keyan Zandy, chief operating officer of Skiles Group, the project’s general contractor. “But the successes we found for this project came down to the collaborative environment and the adherence to the process. None of that would have happened without Methodist’s unique approach to doing work.”

**Here for the community**

This expansion is more than six years ahead of when it was expected. Explosive growth in the communities surrounding Methodist Richardson prompted the need for the expansion, which also included the hospital’s ninth operating room (OR). That OR opened in early 2018 and is home to the hospital’s second robotic da Vinci® Surgical System.

“The large-scale project was divided into stages and was strategically planned to avoid disruption to patients and services,” Hutchenrider says. “We look forward to our increased capacity to better serve our communities.”

**Expansion highlights**

- 104,000-square-foot addition of floors 5 and 6, including 150 private patient suites
- Ninth operating room
- Seven new pre-op rooms
- Additional postanesthesia care space
- 671-space, seven-story parking garage
- Additional kitchen space

For more updates on the construction and happenings at Methodist Richardson, follow us on Facebook at [facebook.com/MethodistRich](http://facebook.com/MethodistRich).
I WANT TO BE A DOCTOR WHEN I GROW UP: A group of fourth- and fifth-grade students from Felix G. Botello Elementary School in Oak Cliff had a chance to learn what it’s like to be a doctor on Sept. 18 when Raymond Munoz, MD, internal medicine physician on the medical staff at Methodist Dallas, visited their classes. Dr. Munoz, who grew up and went to school in Oak Cliff, told students that being a doctor is about serving people and involves careful listening to understand how to help them.

The visit was coordinated through After-School All-Stars (ASAS) North Texas, a nonprofit that partners with schools in underserved communities to provide free after-school programs. Later in the fall, Jennifer M. Burris, MD, trauma surgeon on the medical staff at Methodist Dallas, and Cassie Hartline, MD, general surgery resident at Methodist Dallas, visited Hector P. Garcia and Thomas C. Marsh middle schools, respectively.

A METHODIST CHARLTON UPDATE: On June 15, Fran Laukaitis, MHA, BSN, RN, FACHE, president of Methodist Charlton Medical Center, spoke at the Duncanville Lions Club meeting. Fran led a song and shared hospital highlights. Her presentation included new programs and services, such as the opening of the Heart Failure Clinic, Harbor Hospice, pet therapy, and the new surgicalist and OB hospitalist programs.

She also mentioned several formal recognitions, including the new Level III Advanced Trauma Facility designation, Healthgrades Patient Safety Excellence Award™, and a record heart attack treatment time. The presentation ended with questions and comments from attendees.

LIGHTS, CAMERA, ACTION!

Local public broadcast station KERA and Methodist Health System hosted a free screening of the new Ken Burns documentary The Mayo Clinic: Faith-Hope-Science on Sept. 15, just ahead of its official premiere on PBS. Methodist, a member of the Mayo Clinic Care Network, together with KERA also treated attendees to a health and resource fair and a panel discussion after the film moderated by KERA’s Sam Baker, host of Morning Edition.
STARTING THE SCHOOL YEAR RIGHT: Crowds of students and parents got a jump-start on the school year at the Mansfield ISD Back-to-School Bash in August. Methodist Mansfield Medical Center hosted a photo booth for hundreds of students to get back-to-school photos garbed as future doctors and nurses. The hospital also offered fun family activities, including hula-hooping for heart health, tips on drowning prevention and bike safety, and visits with the hospital’s pet therapy dogs. For moms attending, there were mammograms, education, and tours of Methodist Health System’s mobile mammography unit.

TINY BUT MIGHTY! Methodist Richardson Medical Center celebrated its tiniest superheroes at the NICU Reunion on Sept. 15. Families whose babies got their start in life in the neonatal intensive care unit (NICU) came to share in the fun-filled superhero-themed event. Our youngest surviving preemie, born at just 22 weeks, joined the party. Ruby Silva, shown here with her neonatologist Lilian St. John, MD, is a big girl now and ready to celebrate her 4th birthday!

A STRONG START TO A SUMMER OF READING: To help kick off Cedar Hill’s Zula B. Wylie Public Library Summer Reading program, physicians from the Methodist Charlton Family Medicine Center came by the library to read to children. For two years in a row, this team of physicians has donated their time to participate in the library’s summer reading program kickoff. The Family Medicine Center launched Charlton READS three years ago and expanded this program into the community. Hundreds of kids and their parents attended the June 8 event.

PINK WITH PURPOSE: A rainy Saturday couldn’t dampen the fun at this year’s Mad Hatter Tea Party at Methodist Richardson on Sept. 22. Breast cancer fighters and survivors were in the spotlight as they strutted the pink carpet in the latest fall fashions. Guests also enjoyed makeovers, chair massages, and making their own personal jewelry keepsake. The event has become a fall tradition, so don’t miss the fifth annual Mad Hatter Tea Party in September 2019!

LEADER IN CHEST PAIN CARE: Methodist Mansfield’s Amon G. Carter Foundation Heart and Vascular Center and emergency teams pose with local first responders to celebrate two awards in honor of high-quality treatment of patients experiencing severe heart attacks. The hospital earned the Mission: Lifeline® STEMI Receiving Silver Quality Achievement Award from the American Heart Association. It also earned recertification as a Chest Pain Center from The Joint Commission, a symbol of quality that reflects an organization’s commitment to providing safe and effective patient care. Thank you to all of our local first responders, who help make these recognitions possible!
You’re probably familiar with adolescent scoliosis, typically diagnosed around puberty, but a far more common form of scoliosis exists — adult degenerative scoliosis.

Also known as adult-onset scoliosis, it is described as a curvature of the spine caused by degeneration of the spine’s joints and disks. This degeneration, or breaking down, occurs slowly over time. If one side of the spinal joints and disks is affected more than the other side, it can eventually cause asymmetry in the spine.

Causes and symptoms
“Whereas adolescent scoliosis can be a hereditary condition, spinal arthritis [osteoarthritis] and degenerative disk disease due to aging are the causes of adult scoliosis,” explains Randall Graham, MD, neurosurgeon with Methodist Moody Brain and Spine Institute and on the medical staff at Methodist Dallas Medical Center. “Most people complain of pain in the lower back or shooting leg pains, which is what prompts an X-ray to diagnose adult scoliosis.”

Do your best to prevent scoliosis with these healthy lifestyle choices:
• Keep active with an exercise routine that includes core muscle strengthening
• Maintain a healthy weight for your height
• Don’t smoke
• Get screened for osteoporosis and osteopenia (for post-menopausal women and men over age 65).

Can it be treated?
Treatment for adult degenerative scoliosis falls into two categories: surgical and nonsurgical. Nonsurgical options can include physical therapy, aquatic therapy, weight loss, core strengthening exercises, and steroid injections.

Dr. Graham says there is a lot of fear and misunderstanding about an adult scoliosis diagnosis, with people believing that they will be permanently disabled or subjected to painful, invasive surgery. But that couldn’t be further from the truth. In fact, the vast majority of those with adult scoliosis don’t have symptoms, and for those who do, only 10 to 20 percent need surgery.

“For those patients requiring surgery, the neurosurgery team at Methodist Dallas offers every available surgical option for treating adult scoliosis,” Dr. Graham says. “Performing lumbar decompression surgery, spinal fusions, and scoliosis correction surgery, our team’s biggest strength is our unbiased approach to creating a treatment plan that’s right for the patient.”

”WHEREAS ADOLESCENT SCOLIOSIS CAN BE A HEREDITARY CONDITION, SPINAL ARTHRITIS [OSTEOARTHRITIS] AND DEGENERATIVE DISK DISEASE DUE TO AGING ARE THE CAUSES OF ADULT SCOLIOSIS.”

— RANDALL GRAHAM, MD

» STRAIGHT FACTS

Learn more about the scoliosis treatment options available at Methodist Dallas at MethodistHealthSystem.org/Dallas-Scoliosis.
We’re in your neighborhood

Medical Centers

- Methodist Dallas Medical Center
  1441 N. Beckley Ave.
  Dallas, TX 75203
  214-947-8818
  Mothers’ Milk Bank of North Texas drop-off site

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

- Methodist Rehabilitation Hospital
  3020 W. Wheatland Road
  Dallas, TX 75237
  972-708-8600

- Methodist Southlake Hospital
  421 E. State Highway 114
  Southlake, TX 76092
  817-865-4400

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

Other facilities

5. Methodist Premier Wellness
   4101 Lomo Alto Drive
   Dallas, TX 75219
   214-522-2700

6. Methodist Urgent Care – Inwood Village
   5709 W. Lovers Lane
   Dallas, TX 75209
   469-913-8940

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