What I learned in a diabetes workshop
4 ways Bruce Johnson is staying healthy thanks to Methodist Charlton

+ HOW ABOUT A GREAT ESCAPE?
4 Texas weekend getaways with a healthy twist

How to support the CANCER SURVIVOR in your life

GOING LIVE TO SAVE LIVES
Woman uses social media to raise breast cancer awareness

BREAST MILK TO GO
New program for new moms
We followed up with Sonia Johnson, the breast cancer patient who shared her lumpectomy live on Facebook. See how she’s doing now and what it’s meant to her to spread the word about breast cancer.

p. 18
Taking our mission across borders

We love our mission at Methodist Health System — to improve and save lives through compassionate, quality healthcare. We also love it when people on our team take that mission beyond our hospital walls. It’s why we’ve relaunched our Mission to Medicine blog series, featuring employees and physicians using their gifts and talents in other parts of the world.

We’re kicking off with a trip to the remote villages surrounding Tela, Honduras, where three employees used their pharmacy and critical care nursing skills to meet the needs of more than 5,000 patients!

» Read this moving blog post and others at MethodistHealthSystem.org/Blog.

Helping a patient’s weight-loss wish come true

Gurpreet Kaur had struggled with her weight for years, but after having her daughter, she knew it was time to get serious. “I wanted to set a really good example for her — and I couldn’t if I wasn’t feeling good,” she says.

Bariatric surgery seemed the best option, but there was just one problem: Gurpreet’s insurance wouldn’t cover the elective procedure.

In our Shine Online blog, we share how Methodist Dallas Medical Center helped Gurpreet overcome financial and insurance hurdles to make this life-changing surgery possible. Read more at MethodistHealthSystem.org/Blog.

What you need to know about nurse practitioners

A nurse practitioner won’t be able to prescribe medication for me. I’m not being taken seriously as a patient when I’m seen by a nurse practitioner instead of a physician. Nurse practitioners are really just like medical assistants.

FALSE. If you’ve fallen for these myths about nurse practitioners, you’re not alone. In her 15 years working as one, Lissy Joseph, BSN, FNP-C, at Methodist Family Health Center – Kessler Park, has heard it all. But she also has the facts to debunk these and other misperceptions.

“Nurse practitioners, who also are registered nurses, are formally trained in caring for the sick and have knowledge of how to diagnose, treat, and manage many common ailments,” she says.

Check out our crash course at MethodistHealthSystem.org/Blog about the invaluable role nurse practitioners play in healthcare — and why one might be a great fit as your primary care provider.

Follow us on Instagram @methodisthealthdfw

We are excited to be back on Instagram! Follow us @methodisthealthdfw for interesting stories and photos from all of our hospitals.
Check out some of the happenings at Methodist Health System this season.

**2ND DAY OF SUMMER**
- **Saturday, June 22, 10 a.m. to 12:30 p.m.**
- Methodist Charlton Medical Center, 3500 W. Wheatland Road, Dallas, TX 75237

Methodist Charlton’s 2nd Day of Summer is a free event focused on how to take care of you and your family’s health during the summer months. The program will provide tips on enjoying summer activities while protecting your skin and how to prepare quick, healthy summertime meals. Plus, a physician panel will offer advice on summer wellness for adults and children.

- Save your spot at SecondDayofSummer.org or by calling 972-992-7621.

**BASTILLE ON BISHOP**
- **Sunday, July 14, 6 to 11 p.m.**
- Bishop Arts District, 500 N. Bishop Ave., Dallas, TX 75208

Grab your beret and head to this annual festival that celebrates the Bishop Arts District’s unique French roots. During the event, Bishop Avenue is closed off to make room for a pop-up market, giving the event a block-party feel. The festival is free to attend, thanks to sponsorships from local organizations, including Methodist Dallas Medical Center.

- Learn more at bastilleonbishop.com.

**HIS AND HERS**
- **Saturday, July 27, 10 a.m. to noon**
- Methodist Charlton Medical Center, 3500 W. Wheatland Road, Dallas, TX 75237

Grab your mate and head to Methodist Charlton for this fun, educational event. The program will include a panel of physician experts, an executive chef sharing tips on making healthy food choices, dance lessons for couples, and fun prizes and a gift.

- Register you and your loved one for this FREE date at HisandHer.org or by calling 972-992-7621.

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

How does physical therapy help with diabetes? Come join us this summer and find out. A physical therapist on staff at Methodist Richardson will offer tips for helping you move better, perform daily activities, and reduce your pain.

- For more information or to register, call 469-204-6961.

**METHODIST CHARLTON FALLING FOR PINK**
- **Saturday, Sept. 21, 10 a.m. to 12:30 p.m.**
  (Mammograms offered from 8:30 to 9:45 a.m.)
- Methodist Charlton Medical Center, 3500 W. Wheatland Road, Dallas, TX 75237

This free event invites men and women from our community to receive vital breast cancer information and access resources. In addition to our secret surprise emcee, guests will enjoy:

- A cooking demonstration by a local executive chef
- A multidisciplinary physician panel from Methodist Charlton’s nationally accredited Breast Center of Excellence
- Access to groups that provide programs and services for breast cancer patients, survivors, and caregivers.

Because breast cancer doesn’t just affect women, there will also be a “Just for Men” private session led by male breast cancer survivors.

- Register today by calling 972-992-7621.

**THE MAD HATTER TEA PARTY AT METHODIST RICHARDSON**
- **Saturday, Sept. 21, 10:30 a.m. to 1 p.m.**
- Bistro, Methodist Richardson Medical Center, 2831 E. President George Bush Highway, Richardson, TX 75082

Don’t be late for this very important date, as we celebrate breast cancer fighters and survivors. Enjoy a very special day of pampering and stay for a spot of tea.

- Register at MethodistHealthSystem.org/Mad-Hatter.

**PRETTIER IN PINK**
- **Saturday, Sept. 28, 10 a.m. to 12:30 p.m.**
- Methodist Mansfield Medical Center, 2700 E. Broad St., Mansfield, TX 76063

You’re invited to celebrate the hope and strength of breast cancer survivors at our Prettier in Pink luncheon. This annual event raises awareness for the fight against breast cancer, offers information about early detection, and highlights new technologies. Hear from physician experts, along with TV and radio personality Kellie Rasberry from The Kidd Kraddick Morning Show, and other strong women as we raise funds to help breast cancer patients.

- Join us at this free event by registering at MethodistInPink.com today.

**FIT4BABY®**
- **Mondays and Wednesdays, 7 to 8 p.m.**
- J. Randall Canedy Conference Room, Methodist Mansfield Medical Center, 2700 E. Broad St., Mansfield, TX 76063

Moms can do it all — that includes staying fit! FIT4BABY classes are catered to women who want to develop a workout plan that will help prep their bodies for pregnancy. The classes are interval-based, combining elements of strength training, cardiovascular exercise, and yoga-inspired stretching.

- For more information, email laurengalipp@fit4mom.com, or enroll at arlington.fit4mom.com/classes/fit4baby.
Summer training can be tough, especially when temperatures creep into the triple digits. That's why Shaun Garff, DO, sports medicine physician at Methodist Sports Medicine, breaks down how parents can help ensure that their rising stars are headed toward a healthy game.

**Keep ’em hydrated.** Young athletes should drink about 4 to 8 ounces of fluids for every 20 minutes of activity. If training is less than one hour, water is sufficient. If it goes over an hour, a sports drink is needed to replace electrolytes, giving players a boost of energy and reducing recovery time.

“There are enough varieties of sports drinks you can find without tons of sugar or excess calories that still offer the salt replacement they need,” Dr. Garff says.

**Get them adjusted to the heat.** Allow one to two weeks before training starts to give your athletes ample time to get used to the rising temperatures.

“Maybe have them jog for 30 minutes a day in the heat or humidity before they go back to practice,” Dr. Garff says. “Start slow and have them gradually add layers of equipment as their body adapts.”

**Avoid or monitor medications and supplements.** Be aware: Some cold, allergy, and antidepressant medications can lessen the ability to sweat. This can cause kids to overheat, which can lead to cramps, headaches, even heat exhaustion or stroke.

“If your child is sick, let them sit out practice until they’re fully recovered,” Dr. Garff says. “Talk with your primary care provider or sports medicine physician to find out what is right for your child.”

**Provide them with proper nutrition.** Fruits and vegetables are good sources of fuel, with higher amounts of water content compared to other foods. Think bananas, apricots, and peaches — all are rich in potassium, which reduces muscle cramping and fatigue. Try adding broccoli and snow peas to their snack break. Both are filled with lots of vitamin C, an important nutrient to help repair and maintain body tissue, cartilage, bones, and teeth.

Dr. Garff emphasizes that all of these safety checks will help your kids stay physically and mentally in the game.

"Preparation is more than preventing illness," Dr. Garff says. "It’s also closely tied to performance — and kids perform their best when they’re at their healthiest."

**» SUPPORT FOR STUDENT ATHLETES**

Find a physician to help keep your kids healthy all year long at MethodistHealthSystem.org/FindADoctor.
Thanks to the polio vaccine and its widespread use in the United States, the disease has been eliminated in our country. But health professionals warn that it’s easy to take its absence for granted. After all, polio and other life-threatening, painful, and debilitating vaccine-preventable diseases are only a plane ride away.

“Polio is still widespread in other parts of the world and could easily begin infecting unprotected people if it were reintroduced to the U.S.,” says Lissy Joseph, BSN, FNP-C, nurse practitioner at Methodist Family Health Center – Kessler Park.

She says adequate vaccination rates will spare us from such a scenario. But if vaccination rates drop? “Diseases like polio can begin to spread again,” she cautions.

Get vaccinated on time
To prevent disease outbreaks, Joseph says it is vital for everyone who can be vaccinated to be fully immunized following the vaccination schedules set by the Centers for Disease Control and Prevention (CDC). (Check the chart on page 7, or access the schedules at cdc.gov/vaccines/schedules.)

Receiving the recommended immunizations on time provides community immunity, also called herd immunity, shielding not only those who have been immunized but everyone around them — their co-workers, friends, neighbors, family members, even vulnerable infants.

“Some babies are too young to be protected by vaccination; other people may not be able to receive certain vaccinations due to severe allergies, weakened immune systems, or other reasons,” Joseph says. “It’s important to get vaccinated to keep them safe.”

To give newborns a fighting chance, the CDC recommends pregnant women receive one dose of Tdap vaccine during their third trimester (between 27 weeks and 36 weeks). The vaccine passes antibodies on to babies before birth, helping to protect them from pertussis (also called whooping cough) in those early months of life.

How vaccines work
As Joseph explains, vaccines help develop immunity against diseases by imitating an infection. This type of infection rarely causes illness, but it does cause the immune system to produce T lymphocytes (white blood cells that help prevent infection) and B lymphocytes (white blood cells that produce antibodies). After getting a vaccine, the imitation infection can
### CDC-recommended vaccines

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth to 12 months</th>
<th>15 to 23 months</th>
<th>2 to 4 years</th>
<th>7 to 10 years</th>
<th>11 to 15 years</th>
<th>16 to 18 years</th>
<th>19 to 26 years</th>
<th>27 to 49 years</th>
<th>50 to 64 years</th>
<th>65 years and older</th>
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<tr>
<td>HepB (hepatitis B)</td>
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<td>DTaP (diphtheria-tetanus-pertussis)</td>
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<td>Hib (Haemophilus influenzae type b)</td>
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<td>PCV13 (pneumococcal conjugate vaccine)</td>
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<td>IPV (inactivated polio)</td>
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<td>Influenza (yearly)</td>
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<td>MMR* (measles-mumps-rubella)</td>
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<td>Varicella (chickenpox)</td>
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<td>Tdap (tetanus-diphtheria-pertussis)</td>
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<td>HPV (human papillomavirus)</td>
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<td>MenACWY (meningococcal conjugate)</td>
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<td>Zoster (shingles)</td>
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*If born in 1957 or later

**NOTE:** Depending on your health, your doctor may recommend other vaccines or a different schedule. Discuss when and how often to get vaccinated with your primary care provider.

**Source:** Centers for Disease Control and Prevention

cause minor symptoms, such as fever. “Minor symptoms are normal and occur as the body builds immunity,” Joseph explains. “It typically takes a few weeks for the body to produce T lymphocytes and B lymphocytes after vaccination. Therefore, it is possible for people infected with a disease just before or just after vaccination to develop symptoms and get a disease because the vaccine has not had enough time to provide protection.”

She recommends speaking with your primary care provider to help ensure that you’re up to date on CDC-recommended vaccines.

> » CATCH UP ON YOUR SHOTS

Visit one of the Methodist Family Health Centers and Medical Groups today to get caught up on vaccines. Visit MethodistHealthSystem.org/Primary-Care for more information.
Urinary incontinence can be annoying, embarrassing, and emotionally draining. After all, no grown woman wants to feel as though she can’t control her bladder — yet thousands cope with that very feeling every day. Urinary incontinence is most common in women ages 65 and older and can affect as many as half of elderly women.

Fortunately, there are multiple therapies to treat this issue and even ways to try to prevent it. We consulted urogynecologist Aimee Carr, MD, on the medical staff at Methodist Richardson Medical Center, for tips on maintaining a healthy pelvic floor and urinary tract, as well as treatments for involuntary urine loss.
What is female urinary incontinence and what causes it?

DR. CARR: There are two common types of urinary incontinence: stress urinary incontinence and urge urinary incontinence.

Stress incontinence occurs when an increase in abdominal pressure causes the bladder to leak. The most common activities that trigger this pressure are laughing, coughing, and sneezing. You see this happen most in women who have had children. Pregnancy can weaken the tissue supporting the urethra (the tube that drains the bladder) or the sphincter muscle (which closes the urethra).

Urge incontinence occurs when the sudden urge to urinate overwhelms the ability to delay urination (or “hold it”), as is often the case in patients with overactive bladders. Occasionally, incontinence can also occur with incomplete bladder emptying.

What can we do to try to prevent stress incontinence?

DR. CARR: Kegel exercises can help prevent incontinence because they strengthen the pelvic floor muscles that support the bladder.

Avoiding bladder irritants, such as caffeine, anything acidic, and spicy foods, can also be helpful in avoiding urinary frequency and urgency. People can develop sensitivity to these irritants even though they may not have been bothered by them before.

When should a woman seek medical advice?

DR. CARR: Women should seek advice when the leakage starts to interfere with daily activities, such as walking, running errands, or exercising.

Can my incontinence be treated?

DR. CARR: Yes! With both stress and urge incontinence, your doctor may first suggest changes to your diet and behaviors. He or she might advise avoiding foods that irritate the bladder, eating more fiber, doing Kegel exercises, training yourself to urinate less frequently, losing weight, and quitting smoking.

Your doctor might also suggest biofeedback for pelvic floor muscle training. This noninvasive therapy enables you to watch your bladder contractions on a screen to help you learn how to control them.

If these methods don’t provide effective relief, the next step is surgery in cases of stress incontinence and medications for urge incontinence.

There are two common procedures for treating stress incontinence. The first is implanting a midurethral sling, which gives the urethra a hammock of support. The second option is injecting bulking agents into the walls of the urethra to make it more secure and prevent leakage.

For urge incontinence, several medications can help. If they prove ineffective, there are three options for second-line therapies:

- InterStim™, an implant almost like a bladder pacemaker
- Botox® injections inside the bladder
- PTNS (percutaneous tibial nerve stimulation), which modulates the signals sent by the bladder.

These are all same-day, outpatient procedures and offer a quick recovery.

» SO LONG, LEAKAGE!

If urinary incontinence is disrupting your life, find a specialist on the Methodist Health System medical staff at MethodistHealthSystem.org/FindADoctor.
Weekend Getaways That Are Good for Your Health

Texas, with its wide-open spaces and vibrant, multicultural cities, can nourish our hearts, souls, and minds with experiences as unique as Texans themselves. Someone who understands that firsthand is Colton R. Redding, DO, family medicine physician at Methodist Family Health Center – Firewheel. “Escaping the hum of the city and spending time in nature is key for both my physical and mental well-being,” he says. “I find it similar to meditation and mindfulness, which are instrumental in managing stress and anxiety.” We couldn’t agree more. So whether you prefer the country or the city, we’ve got you covered with these health-conscious weekend getaways, all within driving distance of Dallas-Fort Worth.

Hike to Enchanted Rock
Fredericksburg

For thousands of years, the massive pink granite rock rising high above central Texas has drawn explorers to its peak, then rewarded them with expansive 360-degree views of the glorious Texas Hill Country. Arrive bright and early in the morning — the line often forms as early as 8 a.m. — to gain entrance to the nearly 11 miles of clearly marked hiking trails through small boulder fields and true desert vegetation.

Most explorers head straight for the Summit Trail, a 4-mile trek to the base of the boulder. Once there, choose a path up to the top of the 425-foot dome to discover the splendor of vernal pools and plants like mesquite, persimmon, pecan, and prickly pear. You’ll also find caves to explore — one is 1,500 feet long!

Plan Your Trip: tpwd.texas.gov/state-parks/enchanted-rock

Cook up Some Fun
San Antonio

The world’s premier culinary college, the Culinary Institute of America (CIA), has just a few locations across the globe: California, New York, Singapore, and — lucky us — San Antonio. Head four hours south on Interstate 35 to take part in a sizzling, steaming, or sautéing kitchen adventure.

The CIA offers two-hour chef demonstrations, hands-on cooking classes, and even weekend boot camps. One option is “Flavors of Texas,” an exploration of five regional, big-and-bold cuisine styles and flavors: barbecue, cowboy chic, southern comfort, Gulf Coast, and Tex-Mex. Super health-conscious foodies can opt for classes such as “Delicious Vegetables,” “Mediterranean Cooking,” or “Healthy Cooking at Home.”

Plan Your Trip: ciafoodies.com/texas-san-antonio
LOOKING FOR HEALTHY FUN IN DFW?

Sign up for *Shine e-News* at MethodistHealthSystem.org/Media. You’ll get the latest on events that Methodist Health System is sponsoring or hosting in your community sent right to your email inbox. Hope to see you there!
As people are becoming more health-conscious, superfoods have never been more popular. You may have heard about a trendy berry from the Amazon called acai (ah-SIGH-ee). With 10 times more antioxidants than blueberries, this powerful purple berry is great for heart health and combating chronic inflammation.

Unfortunately, it’s not only known for its nutrition. Marketed in smoothies and bowls, the superfood can be both pricey and loaded with sugary accoutrements that put a dent in its nutritional value.

To get the benefits of acai without the drawbacks, making an acai bowl at home is a great alternative. Follow these guidelines from Carey Shore, MS, RD, LD, wellness coach and program coordinator at Methodist Dallas and Methodist Richardson Medical Centers.

Read labels
Acai doesn’t have a long shelf life, so it’s not sold in raw form like other berries. Instead, it usually comes as a powder, a puree, or frozen. The problem is that these versions are often high in sugar and preservatives.

“Added sugar is a huge problem and a massive contributor to obesity and a lot of chronic illnesses, so reading labels to make sure there’s little or no added sugar or sweeteners is important,” Shore says.

Think about balance
While buying an acai bowl at a local eatery might be convenient, it often lacks a properly balanced nutrition profile, in addition to being heavy in sugar.

To make a balanced acai bowl at home, Shore recommends making sure at least three food groups are included. For instance:

• Start with a base of regular or Greek unsweetened yogurt, nut milk, or dairy milk for protein and calcium.
• Blend that with a sugar-free acai base and a banana or other fruit for natural sweetness. Fresh fruits are chock-full of vitamins and fiber.
• Top the bowl with a low-sugar granola for more fiber, iron, and heart-healthy unsaturated fats.

WATCH THE DEMO
Carey Shore takes you step by step through how to make a delicious, healthy acai bowl at MethodistHealthSystem.org/Media. Plus, find some of our favorite recipe ideas!
Smoothie sailing

Smoothies are great for on-the-go nutrition since they pack a lot of healthy benefits into one glass — and you don’t need a spoon. They are a favorite breakfast of Carey Shore, MS, RD, LD. Here is her go-to smoothie recipe.

1. **Start with frozen fruit for natural sweetness, fiber, and vitamins A and C.** “My favorites are mango and strawberry, but you can use any fruit that you like,” Shore says. She recommends not using more than 1 cup of fruit to avoid a sugar overload.

2. **Throw in some greens.** “I look in my fridge for whatever greens I’m not planning to use in a salad that day,” Carey says. Spinach and kale are two of her favorites, which add minerals, vitamins B and K, iron, and fiber. An added bonus: The fruit masks the greens’ bitterness.

3. **Add unsweetened nut milks, dairy milk, or Greek yogurt for protein, calcium, and vitamin D.**

4. **Finish off with flaxseed, which adds fiber, protein, and heart-healthy omega-3 fatty acids — which the typical American diet needs more of,** Shore says.

Bottoms up on this delicious and healthy way to kick-start your morning.

» **NEED A LITTLE INSPIRATION?**

Check out the smoothie recipes available in our online health library at HealthLibrary.MethodistHealthSystem.org.
If you’re suffering from allergies, stay home and get an e-visit from a doctor NOW!

Methodist NOW! is a virtual internet platform and, like each of the Methodist Family Health Centers and Medical Groups, is owned and operated by Methodist/Methodist Medical Group and staffed by independently practicing physicians who are employees of Methodist/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 the service across state lines.

Allergies, illnesses, and infections can happen anytime. So when you can’t go to the doctor, go online with MethodistNOW, a service of Methodist Family Health Centers. We provide quality care fast, 8 a.m. to 8 p.m., seven days a week, for more than 25 common conditions.

No appointment, video chat, or phone call necessary.

Simply go to MethodistNow.Life and complete a short online interview. Most online visits take only 15 minutes from diagnosis to prescription and cost just $40. Next time, take it easy and get where you need to, with MethodistNOW. Trust. Methodist.
From high-risk to high hopes

CHERI SPAULDING HAD JUST LEARNED SHE WAS EXPECTING HER FOURTH CHILD — THEN LEARNED HER LIFE WAS AT RISK FROM A RARE AND DANGEROUS COMPLICATION
The Spaulding household was already a busy place, with two boys and a baby keeping parents Cheri and Scott on their toes. The couple was open to growing their family, but they never anticipated the dangers that lie ahead.

In fall 2017, Cheri began experiencing persistent, severe abdominal pain. “On Friday, my lower right side hurt every time I sat down,” Cheri recalls. “By Monday, I could barely move.” Scott took her to Methodist Family Health Center – Midlothian for what they hoped would be a fairly routine medical visit. It was anything but.

Angela Cheatham, FNP-C, RN, was the nurse practitioner on duty when the Spauldings arrived. A urine test revealed that Cheri was pregnant, but any joy the couple experienced was short-lived.

As soon as Angela said I was pregnant, I knew we were losing the baby,” Cheri says. “It was a lot to process really, really fast.”

The severity and location of Cheri’s pain prompted Cheatham to send the couple to Methodist Mansfield Medical Center for an emergency ultrasound to rule out an ectopic pregnancy. Cheatham’s instincts were correct. Not only did Cheri have an ectopic pregnancy, but she had the most dangerous kind. Now her life and her ability to have children in the future hung in the balance.

A matter of hours
Cheatham explains that in an ectopic pregnancy, the fertilized egg attaches to and grows in the fallopian tube instead of the uterus. However, in rare situations, like Cheri’s, it implants in the ovary. “It’s a very dangerous condition for the mother, with a high risk of death from severe bleeding or rupture if not treated urgently,” she adds.

Ketan Trivedi, MD, emergency medicine physician on the medical staff at Methodist Mansfield, explains the severity of Cheri’s situation: “When she arrived in the emergency department, Cheri had a slightly elevated heart beat and had lost more than 300 milliliters of blood. She would have started declining rapidly if she hadn’t made it here in the next few hours.” Learning how much danger she was in made everything real for Cheri. “Up to that moment, I hadn’t realized how urgent and serious it was for me — I was just worried about losing the baby,” Cheri says. “Now all I could think about was my boys at home. I called them to tell them what was happening and to hear their voices.”

Finely tuned instruments
Meanwhile, Methodist Mansfield’s dedicated obstetrics emergency department (OB/ED) team began preparing for Cheri’s lifesaving surgery. Leading them that afternoon was Robin Kindred, MD, OB-GYN on the medical staff at Methodist Mansfield.

“Team communication is part of what makes Methodist Mansfield special,” Dr. Kindred says. “The operating room team, anesthesia specialists, and nurses all work together to make it as safe and comforting for the patient as possible.”

During the procedure, Dr. Kindred used laparoscopic diagnostics to pinpoint the issue: A burst ovary from Cheri’s ectopic pregnancy was causing internal bleeding. Next came the delicate laparoscopic procedure to fix the ovary without causing more bleeding or compromising its blood supply.

“Only about 5 percent of the ectopic pregnancies we see are ovarian,” Dr. Kindred says. “We want to preserve fertility where possible, and in Cheri’s case, we were able to do that.”

Life goes on
“Everyone at Methodist Mansfield was extremely knowledgeable and showed amazing attention to detail and awareness of the situation while still comforting us,” Scott says, reflecting on their experience at the hospital. The family’s need for comfort would last into the following weeks. In addition to the recovery from surgery, the Spauldings were still reeling from the emotional trauma of losing a child.
“All the kids have C names, so we named the baby Christian, which would have been for a boy or a girl,” Cheri says. “We knew we would try for another baby later, but I needed that closure.”

The opportunity to celebrate new life came sooner than expected — just two months after Cheri’s lifesaving surgery, the Spauldings learned that they were expecting. “Dr. Kindred saved Cheri’s life, her ovary, and our future child,” Scott says. “Having the next baby at Methodist Mansfield, a place we trusted, was a no-brainer.”

That trust came into play as Cheri neared the end of her pregnancy. “The baby was in a breech position and Cheri’s blood pressure was elevated throughout the last trimester, so an early C-section was safest for everyone,” says Steve Krombach, MD, Cheri’s OB-GYN, also on the medical staff at Methodist Mansfield.

Baby Caylin was born at 37½ weeks on July 25, 2018. As she approaches her first birthday this summer, the Spauldings can reflect on a family that wouldn’t be the same without her — or her mother.

“Methodist Mansfield took such great care of us,” Cheri says. “I realize now how close I came to losing everything. I’m so grateful to the Methodist team for making it possible for me to be here to watch my kids grow up.”

BIG CARE FOR TINY BABIES
Methodist Mansfield plans NICU expansion

Sometimes babies just aren’t ready to face the world without some help. That’s why Methodist Mansfield Medical Center is doubling the size of its neonatal intensive care unit (NICU).

The $9 million expansion begins in June to add eight more NICU beds as well as the Angel Eye Camera System. These cameras are attached to each baby’s bed so that parents can view their babies any time via a secure online portal. The new facility, set to open in spring 2020, will also feature eight private rooms for babies and parents to room together.

“As babies transition to a more stable setting, we want parents to have a more active role in the discharge process; that’s when you need more privacy and less intensive hands-on care,” says Jordyn Gary, BSN, RNC-NIC, NICU manager at Methodist Mansfield. “The new facility makes that possible.”

From the tiniest toes to the biggest needs
Neonatal care covers a variety of issues — low blood sugar, respiratory distress, and general developmental concerns, to name a few.

“We’ve had babies here for a few hours to a few months, depending on the care they need,” Gary says.

Preemie infants at Methodist Mansfield get well-rounded care. They benefit from speech therapy, occupational therapy, physical therapy, social work, and pharmaceutical care as appropriate, as well as continuous care from specially trained doctors and nurses.

» To learn more about the maternity care available at Methodist Mansfield, go to MethodistHealthSystem.org/MansfieldMaternity.
It’s the one Valentine’s Day that Sonia Johnson will never forget — for all the wrong reasons.

“I didn’t get flowers; I didn’t get chocolate,” the DeSoto grandmother says. “I got cancer.”

On Feb. 14, 2018, Sonia was diagnosed with breast cancer, and from the moment those two words passed through the doctor’s mouth, she went into what she calls fight mode.

“I went right to my computer to learn as much as I could about the disease and what options were available to me,” Sonia says. “I found myself reading all of these testimonials — stories from women who survived. Their stories instantly gave me hope.”

So when Methodist Health System approached Sonia with the idea of livestreaming her lumpectomy on Facebook to educate viewers during Breast Cancer Awareness Month, she didn’t hesitate.

“I saw it as an opportunity to pay it forward,” Sonia says. “This is a journey, but I wanted people to know they have to be able to take the first step by getting their mammogram.”

Sonia’s enthusiasm for the project didn’t surprise her surgeon, Allison DiPasquale, MD, medical director of the cancer program and breast surgical oncologist on the medical staff at Methodist Charlton Medical Center.

“I knew the first moment I met Sonia that she would beat this,” Dr. DiPasquale says. “But the courage she showed in doing this so publicly is just amazing. She put her body out there for people to say, ‘Wow, I’m going to go get my mammogram, and I’m going to make sure I don’t have cancer.’”

On the morning of Oct. 25, cameras rolled inside an operating room at Methodist Charlton. While Dr. DiPasquale removed the lump, Kesha Harris-Henderson, MD, Sonia’s radiation oncologist on the medical staff at Methodist Charlton, and Nicole Metcalf, executive director of Susan G. Komen® Dallas County, narrated the surgery for viewers. Martin Koonsman, MD, FACS, CPE, chief medical officer at Methodist Health System and breast surgeon on the medical staff, answered questions submitted by Facebook users.

A message well-received

“We took extra precautions, but I operated just as I do every day,” Dr. DiPasquale says. “We focused on the patient. The main deal was getting Sonia out of that surgery cancer-free.”
» NOT TOO LATE TO WATCH

If you didn’t tune in to last October’s Facebook Live, you can still catch footage from Sonia Johnson’s procedure. Just head to the “Featured Videos” at MethodistHealthSystem.org/Media.

With breast cancer surgery and treatment behind her, Sonia Johnson cherishes making memories with her grandchildren Amari and Zaiden. She shared her surgery live on Facebook to help other women have the same opportunity.
Cancer is a devastating diagnosis — but in some Dallas communities, it’s deadlier than in others.

According to the most recent Susan G. Komen® Community Profile Report for Dallas County, the death rate for black/African-American women diagnosed with breast cancer is 1.4 times higher than the combined rate for all women in Dallas County. Within the Methodist Charlton Medical Center service area, 50.6 percent of the population is black/African-American. Similarly alarming cancer trends can be found for gynecologic, lung, and colorectal cancers for the patient population Methodist Charlton serves.

In an effort to give these cancer patients the best chance at survival, Methodist Charlton is establishing a new cancer unit. It will include 12 patient rooms with the capacity to serve more than 700 patients annually. Patients will have access to life-preserving treatments in private rooms with a spa-like feel and artful decor. The rooms will also offer comfortable seating for family and guests. Staffing the unit will be oncology-certified nurses (OCNs) and board-certified medical oncologists.

“The new oncology unit will enable us to bring even better care to patients with cancer because they will be in a unique place tailored to their needs,” says Allison DiPasquale, MD, medical director of the cancer program and breast surgical oncologist on the Methodist Charlton medical staff. “Our community asked for this, and it’s an honor to work at a facility that has its finger on the pulse of the community.”

Methodist Health System Foundation is raising $3.5 million toward the new cancer unit at Methodist Charlton, and we welcome your help in reaching our goal. To give, go to MethodistHealthSystem.org/Foundation.
Towing company owner Jason Henderson can keep on trucking after an advanced procedure at Methodist Dallas >>
Until recently, Jason Henderson dreaded the sound of the phone ringing. That’s a big problem for a guy who owns a tow truck service and relies on calls for his business.

The 42-year-old Texas native always dreamed of owning a tow truck business, so when his uncle found a good deal on a tow truck back in 2010, H & F Wrecker was born.

Life was busy and his business was growing. Then in 2014, Jason started having trouble keeping food down after a meal.

“Over the next several months, it kept getting worse,” he says. “It got to where I was regurgitating my food eight to nine times a day. I ended up losing 40 pounds in four months, and I wasn’t overweight to begin with.”

Doctors kept telling Jason that he had severe acid reflux and treated him with extra-strong antacid medication, but it wasn’t helping.

“I knew it wasn’t acid reflux, but no one could tell me what it was, so over time I learned what foods and drinks I could keep down better,” Jason says. “Even though I had learned to manage my symptoms a little bit, my overall quality of life was terrible. I avoided eating out and had to always be near a restroom during a meal.”

Set in the right direction
One morning in 2017, Jason woke up feeling like “there...
was a sword in my chest.” He nearly passed out from the pain. His wife, Michelle, immediately took him to the hospital.

A CT scan showed signs of achalasia (pronounced aa-kuh-lay-shuh), a rare disorder that makes it difficult for food and liquid to pass into the stomach. How does this happen? The nerves in the wall of the esophagus are slowly destroyed by your own body with no known cause. The sphincter muscle at the base of the esophagus no longer relaxes properly—which explains why Jason was having trouble keeping down his meals.

With a possible diagnosis in hand, Jason sought further answers from the Methodist Digestive Institute, where he met with Prashant Kedia, MD, FASGE, gastroenterologist on the medical staff at Methodist Dallas Medical Center. Dr. Kedia is also medical director of interventional endoscopy at the hospital.

“That meeting with Dr. Kedia was nothing short of a miracle for me,” Jason says. “I had nearly given up, and now I had answers and options.”

Dr. Kedia conducted additional tests to confirm the type of achalasia Jason had and then told him about a procedure that would change his life forever.

**A high-tech take on a classic solution**

Achalasia is not curable, but for decades the gold standard in treating the symptoms was a surgical approach called the Heller myotomy.

“The Heller myotomy is performed laparoscopically and involves the surgeon cutting the muscular layer of the lower part of the esophagus and upper part of the stomach to loosen them so swallowing function can be restored,” Dr. Kedia explains. “But in 2010, a cardiothoracic surgeon developed a way to perform the myotomy endoscopically, called peroral endoscopic myotomy, or POEM.”

Instead of several incisions in the abdomen for laparoscopic surgery, POEM requires no external incisions. A specially trained endoscopic surgeon passes an endoscope (a flexible tube with a camera and light attached to it) through the mouth into the esophagus. All via this one tube, the surgeon can make the same incisions in the muscle of the esophagus and upper part of the stomach.

“Even though I was desperate and would have done whatever was necessary, I was thrilled to learn that there was a much less invasive surgical option to treat and cure my symptoms,” Jason says. “Dr. Kedia explained that POEM is shown to be just as effective but with a shorter, easier recovery.”

Jason is living proof. He had his POEM procedure in March 2018, had zero complications, and within days had his long-missing quality of life restored. More than a year later, he still reports no lingering issues.

“I am back to living life, enjoying my work, and eating out with family and friends,” Jason says. “Through this experience, I’ve learned about Methodist Dallas’ reputation for treating digestive issues, and I would encourage anyone who is suffering in that way to consider talking to their team.”

**I AM BACK TO LIVING LIFE, ENJOYING MY WORK, AND EATING OUT WITH FAMILY AND FRIENDS. THROUGH THIS EXPERIENCE, I’VE LEARNED ABOUT METHODIST DALLAS’ REPUTATION FOR TREATING DIGESTIVE ISSUES, AND I WOULD ENCOURAGE ANYONE WHO IS SUFFERING IN THAT WAY TO CONSIDER TALKING TO THEIR TEAM.**

— JASON HENDERSON

**» WONDERING IF YOUR DIGESTIVE ISSUES COULD BE ACHALASIA?**

Let the Methodist Digestive Institute help. Find out more at MethodistHealthSystem.org/MDI.
PATIENT STORY

PAIN PROBLEM SOLVED

John Terry can enjoy time outdoors with his wife, Cynthia, and his two playful pups now that gallbladder pain isn’t holding him back.
Just one week before Christmas 2017, John Terry decided it was time to visit his primary care provider. The pain he’d had in his upper abdomen and chest for the past week wasn’t subsiding, and it was interfering with his ability to spend time with his wife and do activities he enjoys, like playing with their dogs at the park and being outdoors.

“I thought I had a bad case of indigestion, but my doctor was worried something was wrong with my heart,” John says. “He sent me straight to the emergency department at Methodist Mansfield Medical Center.”

The medical staff ran several tests, but they determined that John wasn’t having a heart attack.

“I don’t get scared easily, but I was scared,” John says. “I thought my doctor would send me home. I wasn’t expecting to go to the hospital.”

**A singular approach to surgery**

The real cause of John’s pain was a gallbladder attack. Symptoms commonly include pain in the upper abdomen, nausea, vomiting, or fever. Additionally, symptoms such as jaundice, tea-colored urine, or clay-colored stools can mean a stone has developed. A gallbladder attack occurs when gallstones block the gallbladder from emptying, causing pain, an increase in pressure in the gallbladder, and other symptoms.

“I let my symptoms go too long because I’m old and stubborn,” says John, a 59-year-old insurance adjuster. “I thought I had a tummy ache, but it was a weeklong tummy ache.”

Jeremy Parcells, MD, FACS, section chief of general surgery on the medical staff at Methodist Mansfield, met with John and informed him that he was eligible for an advanced robotic procedure. The da Vinci® Single-Site® approach allows him to remove the gallbladder through one miniscule incision through John’s navel in just 30 minutes.

“It’s never great to have surgery, but the less invasive the better,” John says.

**Reaping the rewards of robotics**

Dr. Parcells says the benefit of robotic procedures is the potential to lessen pain and blood loss, reduce the chance of serious complications, minimize scarring, shorten hospitalization, and expedite recovery time.

“Patients like that we can do the surgery through one incision,” he explains. “Using robotics, we have better visualization because we are able to see in 3D compared to the 2D we have with traditional laparoscopy. We also have finer control over our movements and a greater range of motion.”

While Single-Site surgery offers many benefits, it’s not right for every patient. Ideal candidates are within a certain weight range and don’t have significant scarring from prior surgeries. Dr. Parcells recommends that patients talk with their doctors about available treatments to ensure they select the appropriate option.

Following his hospital stay, John was able to fully recover and return to work — and being an active dog dad — in just two weeks.

“From the emergency room all the way up through my stay and my surgery, everybody at Methodist Mansfield was amazing,” he says. “I had the absolute best treatment I’ve ever had.”
Rhonda and Nathan Bradley were sweethearts from eighth grade in Muskogee, Oklahoma, until they parted in college circa 1968. They led separate lives with families, children, and careers. In 2005, Rhonda retired from her role as assistant regional director at the Oklahoma Department of Human Services and left the state to live near her grandchildren in Dallas.

The two might never have crossed paths again except that one day Nathan’s cousin mentioned to him that she had spoken to Rhonda. He asked for her phone number, sparks flew, and a year later, the couple was married and living in southern Dallas.

“We were blessed to get back in contact,” says Rhonda, relaxing in their tidy brick home with the pretty yard where she loves to garden.

The Bradleys are living happily ever after — with a little help from Methodist Charlton Family Medicine Center.

A thorough approach to care
Rhonda has hypertension, prediabetes, and a recurrent dry cough, while Nathan has cirrhosis and awaits a liver transplant. They have come to rely on the Family Medicine Center, which is staffed by resident physicians from the Methodist Charlton Medical Center Family Medicine Residency Program, who are overseen by attending physicians.

Resident Tonya Sweezer, DO, is their go-to physician with supervision by Ronya L. Green, MD, and Lawrence M. Gibbs, MD. All are on the medical staff at the Family Medicine Center.

“Dr. Sweezer is very personable and attentive, and she will make sure she sends you to a specialist if that’s what you need,” Rhonda says.

Given her ailments, that has meant visits to a pulmonologist, an allergist, a neurologist, and a cardiologist. Dr. Sweezer has also helped Rhonda with her borderline diabetes from worsening with a program of diet and exercise.

“The residents want to be great doctors, so they take time with you, make extensive notes, and follow through,” Rhonda observes. “As soon as you get your tests done, they call to discuss the results with you.”

A variety of services
Nathan credits the Family Medicine Center with helping him get and pay for the medications he needs. In addition, the doctors helped relieve his troublesome leg cramps with physical therapy and removed a cyst from his chest.

“As family physicians, we specialize in continuity,” Dr. Green says. “We treat patients from the nursery to geriatrics.

“For the Bradleys, we have been able to treat their chronic, long-standing conditions, as well as their more minor issues, such as the common cold. As their primary physicians, we also aim to keep them healthy by recommending preventive care, such as cancer screenings and immunizations.”

Nathan says that those efforts — by the doctors, nurses, receptionists, and other support staff — don’t go unnoticed.

“We are fortunate to be cared for by the Family Medicine Center at Methodist Charlton,” he says. “They’ve gotten us on the right road for our health issues.”

Meeting a community need
Texas is one of several states facing a shortage of family medicine physicians. Read how Methodist Charlton is helping to turn around that statistic at MethodistHealthSystem.org/Blog.
HOW WE CAN BETTER SERVE YOUR FAMILY

Methodist Charlton Family Medicine Center is a certified patient-centered medical home that provides primary care services for patients of all ages.

“Since Methodist Charlton Medical Center is a teaching hospital, our patients are able to spend more time with physicians than they might at other medical centers, and they appreciate that,” says Brett A. Johnson, MD, family medicine physician on the medical staff at the Family Medicine Center.

Services include:

- Annual well exams
- Acute care for injuries and illnesses
- Chronic disease management (for example, diabetes, asthma, and arthritis)
- Geriatric medicine
- Mental health
- Orthopedic procedures
- Osteopathic manipulative therapy (movement of bones, muscles, and joints to treat conditions such as osteoporosis, arthritis, and low-back pain)
- Prenatal care
- Preventive medicine
- Skin biopsies and procedures
- Sports medicine and musculoskeletal procedures
- Transitional care (to address patients’ physical and environmental needs after being discharged from the hospital)
- Women’s health, including gynecologic procedures.

The center also promotes early childhood literacy through the Charlton READS program, which provides a free book and educational materials to all children ages 8 and younger at their well-child checkups.

“The most rewarding aspect of family medicine is creating long-standing relationships with patients,” Dr. Johnson says. “You get to meet family members, share in happy times, and be there for patients during difficult times, too.”

» LOOKING FOR QUALITY PRIMARY CARE?

To learn more about making an appointment at the Methodist Charlton Family Medicine Center, call 214-444-7303.
An easier cure for hepatitis C

A new class of game-changing drugs reversed the damage to Marshall McBride’s diseased liver

There was a time when Marshall McBride’s daughters thought they were going to lose their dad to hepatitis C. “Methodist’s diligent treatment style literally saved me for them,” he says. “They saved a family, not just a person.”
Marshall McBride was at his doctor’s office for a routine physical — he felt fine, but his lab results told a different story. An abnormally high thyroid reading warranted further testing, which uncovered that Marshall had cirrhosis of the liver from an undiagnosed hepatitis C infection.

“Two of my best friends died from liver diseases as a result of hepatitis C,” Marshall says. “I saw all the commercials urging people to get tested, yet I never thought it could happen to me.”

He was lucky that his condition was discovered before he developed symptoms. “When patients have symptoms of liver cirrhosis, it’s often too late and they have a high risk of dying from liver disease at that point,” says Parvez Mantry, MD, AGAF, FAASLD, CPE, executive medical director of the Clinical Research Institute at Methodist Health System and hepatologist at The Liver Institute at Methodist Dallas Medical Center.

Although hepatitis C is common among baby boomers, the traditional treatment at the time of Marshall’s diagnosis in 2012 wasn’t very effective and came with a list of grueling side effects.

“It was horrible — pretty similar to chemotherapy for cancer treatment,” Marshall recalls. “All I could do was lie on the bed all day and sleep.” After three torturous months undergoing injections of extremely toxic interferon, the treatment wasn’t even successful.

Turning to clinical research

Marshall next turned to The Liver Institute and Dr. Mantry, who was running a clinical trial of a new hepatitis C drug with a much higher efficacy rate (95 to 98 percent) and virtually no side effects. Unlike interferon treatments, these new drugs target the virus alone, leaving other organs and body functions unaffected.

“I took one pill per day for eight weeks, and I was completely cured,” Marshall says. In the three years since Marshall successfully completed the drug trial, his liver cirrhosis has actually reversed itself, down from stage IV to stage II, astonishing his medical team. Without the innovative clinical trial, he could have eventually ended up on the liver transplant list.

“Cirrhosis, or liver disease, was thought to be permanent, but we’ve found it can actually be reversed by treating the conditions that caused it, like hepatitis C,” Dr. Mantry says. The reversal depends on medication management in combination with patients having a healthy lifestyle, especially a healthy weight.

“I took one pill per day for eight weeks, and I was completely cured.

— MARSHALL McBRIDE

“Obesity and diabetes deposit fat in the liver, which can cause damage over time,” he says.

Could my hepatitis C be cured?

Dr. Mantry urges those at risk for hepatitis C to get a simple screening through their primary care providers. That includes people who were born between 1945 and 1965, who have a history of intravenous drug use, or who received blood transfusions before 1992.

“Definitely have a hepatitis check,” Marshall echoes. “Then go to The Liver Institute if you have a liver problem. The team is so compassionate, smart, and straightforward — exactly how you’d want your healthcare providers to be. For the best expertise, I can’t imagine any place or team of doctors being better.”

» TAKING MEDICINE FOR A CHRONIC ILLNESS?

The Medication Therapy Management Clinic at Methodist Dallas offers support and guidance to patients taking medication for hepatitis C. To learn more, call 214-444-7303.

PHARMACISTS FINDING A WAY

Dealing with insurance companies can be a headache, as anyone with a chronic condition already knows. There are copayments and coinsurance to think about, plus prior authorizations and the dreaded denials.

The pharmacists at the Medication Therapy Management Clinic at Methodist Dallas Medical Center help patients sail through those difficulties by interfacing with insurance companies on patients’ behalf. Thanks to generous donations to Methodist Health System Foundation, the staff also applies funds to cover the remainder of costly treatments that might be financially out of reach for some patients.

“A typical course of treatment for hepatitis C could cost $100,000,” says Jon Albrecht, MHA, RPh, BCNSP, FASHP, vice president of pharmacy services for Methodist Health System. “Even with insurance, most Americans can’t afford the copay of $20,000.”

In addition to financial assistance, the clinic helps patients navigate potentially hazardous drug interactions, which is especially helpful when they are facing new diagnoses.

“We review their existing drug therapy, which can conflict with their new prescription,” Albrecht says. “The pharmacist customizes a regimen that manages all of their needs.”

As an extension of the clinic, the new Methodist Community Pharmacy at Methodist Dallas also offers yearly audits of patients’ drug regimens to make sure everything is safe and all information is up to date. Albrecht recommends patients do a medication check once a year and after hospitalization.

» Are you taking medications that shouldn’t be mingling? Try our Drug Interaction Checker at HealthLibrary.MethodistHealthSystem.org.
Holy guacamole! Robotic surgery put an end to Lisa Kennelly’s severe acid reflux. Now dining out for Mexican food favorites is a welcome treat!
Texas is famous for its Tex-Mex and barbecue, but Lisa Kennelly couldn’t enjoy any of those Lone Star favorites. Spicy foods were off limits for the Lavon woman. In fact, everything she ate gave her agonizing heartburn.

“Just doing everyday things was not comfortable,” Lisa says. Going up stairs was next to impossible because shortness of breath was a common occurrence.

Her severe gastroesophageal reflux disease, or GERD, was intensified because of a hiatal hernia — 50 percent of her stomach had pushed up into her chest through a small opening in the diaphragm.

Better with robotic surgery
Lisa’s primary care provider referred her to Thomas T. Wang, MD, general surgeon on the medical staff at Methodist Richardson Medical Center who specializes in minimally invasive and robotic surgery. After meeting with Lisa, Dr. Wang deemed that she was a candidate for anti-reflux surgery with the robotic da Vinci® Surgical System. During that same surgery, he would repair the hiatal hernia, as well.

“Using the da Vinci robot offers a lot of benefits over traditional laparoscopic surgeries, from both the physician and patient perspectives,” Dr. Wang says. “For the physician, there are better optics and imaging than with the typical laparoscope, as well as more degrees of movement available in tight spaces.”

Compared to traditional open surgeries, da Vinci patients can experience a faster healing time and an earlier return to work and other activities as incisions are significantly smaller. When it comes to the pain, there is even an improvement from laparoscopic procedures.

“Within two weeks, I felt 100 percent,” Lisa says. She had a restricted diet at first, but that temporary inconvenience was nothing compared to the discomfort she had lived with for years.

“I’ve had a surgery where the recovery was much longer, where I was sore and getting around was difficult. I was so thankful that my recovery period after the robotic procedure went quickly and easily.”

Enjoying delicious eats
Each time Lisa saw Dr. Wang for a follow-up visit, he cleared her to add more foods back into her diet. Eventually, she was able to stop taking reflux medication and antacids altogether, as well.

“I don’t have to be aware of everything that I eat — I can enjoy myself!” she says. “If I want to eat Mexican food, I can.”

“Within two weeks, I felt 100 percent.... I don’t have to be aware of everything that I eat — I can enjoy myself! If I want to eat Mexican food, I can.

— Lisa Kennelly

» WHAT ROBOTS ARE DOING AT METHODIST RICHARDSON

Learn more about the technical advancements in robotic surgery offered at Methodist Richardson at MethodistHealthSystem.org/Richardson-Robotics.
SUPPORTING A Survivor

When someone you are close to is diagnosed with cancer, knowing what to say, how to act, and ways to help isn’t always easy to figure out. So we asked some of Methodist Health System’s cancer survivors for the ways friends and family made their cancer journeys easier to travel.

VIRGINIA ‘MITZI’ SARTIN
Methodist Mansfield Medical Center patient

My breast cancer diagnosis in spring 2017 blindsided me. Within a month, I had three surgeries and started chemotherapy and radiation. I was so incredibly blessed to have family and friends support me and surround me with love.

My friends know I have an incredible sweet tooth and brought frequent treats. One of the most helpful things — my closest friend took on the role of spokesperson, making sure everyone was up-to-date on my journey.

Right before I began chemo, one of our daughters and son-in-law took my husband and me on a trip to Florida. We knew I wouldn’t be up for traveling for quite a while and wanted to do a special trip. It really helped me start chemo on a positive note.

KENDA FORTNER
Methodist Dallas Medical Center patient

My cancer wasn’t caught right off the bat, but once it was confirmed after a second biopsy, things moved quickly. The surgeries were difficult but made me cancer-free.

It was incredibly helpful having my immediate family involved with my appointments; they were moral support and also extra sets of ears.

Taking care of meals and groceries was a stress that others took on for us. Receiving items helpful to my recovery was great! My great aunt gave me the best gift — a post-surgery shirt that had pockets sewn inside to hold all the drainage bags that are common in recovery from major surgery. I was also given a blanket that had been prayed over by kids at my church; I brought it with me to chemo treatments to stay warm.
If you have been diagnosed with cancer, call 214-444-7303 to learn more about cancer support groups meeting at Methodist Health System.

**Join Us!**
Bruce Johnson works out in his home gym or here at The Summit several times a week. Physical fitness was always an easy way for him to manage his diabetes, but since attending classes at Methodist Charlton, he’s boosted his diabetes management knowledge and is healthier for it.
Bruce Johnson thought he was well-versed in how to manage his diabetes. After all, two of his four daughters work in the medical field, and Bruce is a former competitive powerlifter. He stays fit working out 90 to 120 minutes a day, three days a week in the gym he created in his garage or at The Summit in Grand Prairie.

“However, I still had problems with my most critical enemy: my diet,” Bruce says.

So in 2015, Bruce started attending the free Heart Health and Diabetes Workshop at Methodist Charlton Medical Center. His wife had regularly attended the workshops for months, and now he was ready to join her.

Saleemah Fahmi, MD, endocrinologist on the Methodist Charlton medical staff, knows that Bruce isn’t alone in the struggle to find food options that work with his diabetes.

“The biggest issue is that patients aren’t doing enough to get protein in the form of lean meats and fiber in the form of vegetables,” she says.

Luckily, Bruce has picked up several new tips for his diet and overall health at the monthly workshops. Here are a few that might help you as well, along with some more insight from Dr. Fahmi.

1. **Never stop learning.**
   Diabetes educators, physician champions, and registered dietitians often lead discussions at the workshops, but the floor is open to discuss any challenges people are facing in managing their diabetes. “It’s very informative,” Bruce says. “I take notes on the class handouts so I can bring any follow-up questions to my doctors.”

   Dr. Fahmi emphasizes having that ongoing dialogue with your doctor. “Ask about your target A1C score and blood sugar levels, as well as how medication might be helping or hindering your health goals,” she says.

2. **Keep on exercising.**
   Dr. Fahmi believes all patients with diabetes should follow Bruce’s lead and find a way to get active.

   “I suggest that patients do something regularly — preferably for 45 minutes, five days a week,” she says. Exercise, particularly cardio workouts, can help lower the glucose level in your blood.

3. **Pay attention to your A1C.**
   “Your hemoglobin A1C reflects two to three months of your average blood sugar levels,” Dr. Fahmi says. “Target levels should be somewhere between a 6.5 and a 7.5 because keeping them in this range helps a patient reduce the risk of complications, including heart issues, diabetic kidney disease, amputations, and infections such as pneumonia.”

   Since attending the class, Bruce says his A1C score has improved. At last check, it was just under 6.2!

4. **Find your support system.**
   Bruce attends the workshops at Methodist Charlton with his wife of 55 years. The couple is learning together how to improve their overall lifestyles. Bruce says his family inspires him to stay on track so he will be there for them in the future. He is also grateful for the support from the workshop leaders.

   “Two things I hope that I’ve done in my life are to inspire my girls to learn and get a good education and to stay healthy, and I think I did,” he says.

» **IF YOU GO**

If you’d like to attend the Heart Health and Diabetes Workshop at Methodist Charlton, learn more at MethodistHealthSystem.org/CharltonDiabetesSupport.
PATIENT STORY

Righting

Advanced EOS imaging allowed Randall Graham, MD, to plan the right repair for Robert Hughes’ spine. Now he and his wife, Linda, can enjoy time together without back pain getting in the way.
Back pain may be a common complaint, but Robert Hughes’ suffering was almost indescribable. A combination of degenerative disk disease and pinched nerves caused such extreme pain to radiate down his legs that he avoided walking.

Robert first tried pain management medications and then a spinal cord stimulator. Neither was effective. Finally, he resorted to having his first surgery in early 2017.

Just six months later, his debilitating pain had returned.

Pain in the back
The original surgery was a fusion procedure — melding two vertebrae in the thoracic spine to create more stability. Unfortunately, the fusion had not healed with the correct alignment and the screws had all come out of place, causing continued pain.

Robert found himself in surgery again before he was fully recovered from the first one. He had become the classic case of why people tend to avoid back surgery.

Then a referral to Methodist Dallas Medical Center changed everything.

Seeing the whole picture
The hospital is home to an EOS® imaging system. There are only 33 hospitals in the entire nation treating adults with this technology, and Methodist Dallas is the only one in Dallas County.

Robert met with Randall Graham, MD, neurosurgeon on the hospital medical staff, who uses EOS imaging to help gain an overall picture of a patient’s spine anatomy. The scans play a key role in the care for patients who have been unable to find a solution to their pain or who, like Robert, need a procedure gone wrong made right. In fact, Dr. Graham performs multiple revision surgeries a month on the spine.

“EOS imaging is absolutely the first step when a patient comes to see me,” Dr. Graham says. “Without these images, I wouldn’t have been able to help Robert.”

The scan works fast and is easy for patients, who simply have to stand still for just a few minutes.

Because EOS imaging allows doctors to see the entire spine at once (something not possible with older technology, such as MRI), the images reveal how the spine looks while a person is standing and how it interacts with the hips. The surgeon’s eyes are opened to solutions not previously seen.

“Often the whole picture was not obtained while patients were having all those other surgeries,” Dr. Graham says. This lack of insight leads to the need for revision surgery quite often.

Revision leads to relief
In Robert’s case, Dr. Graham was able to see that not only did Robert have broken hardware that was causing the continued pain, but he also had developed scoliosis above the fusion in the thoracic spine that needed to be fixed because of the previous back issues.

Dr. Graham told Robert that this would be a radically different surgery and explained to him exactly what he was going to do.

After his previous surgeries, Robert lay in the hospital bed for days. After his surgery at Methodist Dallas, the nurses had him up the second day.

“I knew when I was walking that this was gonna get better quick,” Robert says. “I couldn’t believe how quickly I was coming out of it.”

Now on track for a full recovery, he is thrilled to be able to take walks with his wife again. His experience at Methodist Dallas means that Robert can be as active as he wants to be these days, with no pain holding him back.

» FIND AN END TO YOUR BACK PAIN
Learn more about the neurosurgery services at Methodist Dallas at MethodistHealthSystem.org/Dallas-Neuro.
HEART OF A HERO

AS A CAPTAIN WITH THE TEXAS HIGHWAY PATROL, JAY WEBSTER HAD RESPONDED TO HUNDREDS OF EMERGENCIES — BUT ON SEPT. 26, 2018, HE WAS THE ONE IN NEED OF EMERGENCY HELP.

When accidents happen on Texas roadways, state troopers are often the first responders. They check on drivers, call for medical help, file police reports, and keep roadways safer by enforcing speed limits and stopping impaired drivers.

Jay Webster has served his state since 1997, and in 2018, he was supervising state troopers in nine counties. However, he was beginning to experience problems that were impacting his life and work.

Many symptoms, no diagnosis

Jay’s worsening symptoms included a cough, stuffy ears, equilibrium problems, double vision, headaches, shortness of breath, as well as pain near his right shoulder blade. His body became weak, and he lost 32 pounds in two months. He saw physician after physician, yet none could pinpoint what was wrong.

“Eventually, I had to stop wearing my uniform because I could not meet the physical requirements to wear it,” Jay says. “It was all I could do to get out of bed, but I kept coming to work despite the pain.”

On Sept. 26 at 1 a.m., Jay’s shoulder and back pain became unbearable, and his wife drove him to the emergency department at Methodist Mansfield Medical Center. The emergency team here is equipped to quickly identify and respond to cardiac issues, and they suspected Jay’s heart, not his back, was to blame for his symptoms. Jay was given an electrocardiogram (EKG) within 10 minutes of his arrival.

Not just a backache

With abnormal EKG results and Jay’s condition continuing to decline, doctors ordered further testing. An ultrasound image of the heart detected a large mass on the aortic valve. Jay was diagnosed with endocarditis, an infection of the heart’s inner chambers and valves. He was started on antibiotics and admitted to the ICU, but he needed open heart surgery, fast.

Darien Bradford, MD, cardiothoracic surgeon on the medical staff at Methodist Mansfield, was consulted, and just hours later, Jay went in for emergency surgery.

Dr. Bradford discovered that the mass on Jay’s aortic valve was an abscess and had almost completely destroyed the valve. He removed the infected tissue and replaced the valve with a new mechanical one. Jay required intravenous antibiotics for two weeks in the hospital and five additional weeks at home.

“Jay’s condition went from what seemed like a simple backache to something very serious,” Dr. Bradford says. “I am grateful that he and his wife trusted us enough to put his care in our hands.”

Saving the day

Jay’s wife, Dawn, was by his side through it all, valuing the support and strength of the nurses caring for her husband.

“I told Mike, Jay’s nurse, that Jay was my Superman and that he tried to be all the superheroes rolled into one,” Dawn says. Mike then walked to Jay’s bedside and put something in his hand. It was his own ring,
silver and inscribed with Superman logos. Jay still wears the ring today.

“I am so thankful to everyone on the Methodist team,” he says. “I feel like God watched over me and my family and blessed me with outstanding doctors and staff.”

**Back on the force**

Jay retired from the Texas Highway Patrol on Feb. 28 this year and accepted a new position in law enforcement. Today, he serves as chief law enforcement officer/ emergency management coordinator for the Brazos River Authority. Since then, he has kept in touch with many of the people on his Methodist Mansfield care team, including **Sheila Ford, NP**.

“To see Jay getting stronger every day until he could walk out of here, and then later to get pictures of him and Dawn spending the holidays in Las Vegas, smiling, is priceless,” Ford says. “It’s the reason we do what we do.”

Because of Methodist Mansfield’s fast response, coordinated emergency team, and commitment to cardiac excellence, Jay has a second chance at life — and Texas has one of its best law enforcement officers back on the job.

» **HERE FOR HEARTS**

Methodist Mansfield offers advanced heart care in the Amon G. Carter Foundation Heart and Vascular Center. Find out more at MethodistHealthSystem.org/MansfieldCardiology.
In 2014, Methodist Health System became the first member of the Mayo Clinic Care Network in Texas. Today our medical staff is collaborating with Mayo Clinic specialists to tackle the toughest medical conditions and provide you with the best treatment possible. We’re working together for you through shared resources and knowledge so you have world-class expertise right here, close to home.

Trust. Methodist.

MethodistHealthSystem.org/Mayo
When the Singleton twins made an early appearance, Methodist Richardson made sure they’d be healthy enough to fly home to New York.

From Texas with love.
While Lawrence and Stephanie Singleton are New Yorkers, their twins will forever be Texans — and that’s okay with them.

The Singletons had been through much heartache over the years as they tried to start their family. A few years ago, they were thrilled to be expecting twins, but the babies were born at just 22 weeks and did not survive.

“We definitely wanted a family for a long, long time, and given our bad luck — our really bad luck — we decided having a surrogate was the best way to move forward,” Lawrence says.

As the couple began researching the surrogacy process, they discovered that while New York is not a surrogate-friendly place, Texas is. An agency connected them with a North Texas family. After meeting with the couple and getting to know them, Lawrence and Stephanie made the decision to give parenthood one more chance.

This time, all seemed to be going their way. The embryo transfer was a success, and the surrogate was having a healthy pregnancy carrying the Singleton twins, a boy and a girl. As the babies’ December 2018 due date approached, the couple’s anticipation grew — until the phone rang in the early morning hours of Sept. 29. The surrogate had gone into labor and delivered the babies at 27 weeks.

Little lives in the balance
Katherine Singleton was born first at 2 pounds, 3 ounces. Her brother, Lawrence II, entered the world two minutes later at 2 pounds, 11 ounces. The Singletons were worried. “I thought, ‘Here we go again,’” dad Lawrence says. The new parents got on a plane, flew to Dallas, and immediately drove to Methodist Richardson Medical Center, suitcases in tow. The babies were in the hospital’s neonatal intensive care unit (NICU).

“When I saw them in the incubators, I was just very nervous, very worried,” Stephanie says.

Neonatologist Lilian St. John, MD, on the medical staff at Methodist Richardson, reassured the Singletons that although the babies were premature, they were doing very well.

“For 27-weekers, they were in pretty good health,” Dr. St. John says. “Baby Lawrence weighed more at birth but was a little sicker than his sister. Katherine was a rock star from the get-go.”

Because the babies were born so early, Lawrence and Stephanie hadn’t yet picked out names for the twins. Their birth certificates say “Infant Boy Singleton” and “Infant Girl Singleton.”

“When we were thinking of the names, but we thought we had months to decide,” Stephanie says.

Right place, right time
The babies did well in the NICU. Lawrence and Stephanie didn’t know it at the time, but their babies had been born at a hospital that had just earned a Level III Neonatal Facility designation from the state of Texas. That means the neonatal unit is capable of providing intensive care for small and sick
IMPRESSIVE CARE FOR LITTLE PATIENTS

Last summer, the 20-bed neonatal intensive care unit (NICU) at Methodist Richardson Medical Center earned the state designation of Level III (Intensive Care Unit) Neonatal Facility. This designation is the second-highest level of neonatal care and demonstrates Methodist Richardson’s capacity to provide an elevated level of treatment for critically ill newborns.

The clinical care guidelines to become a Level III NICU are stringent and include:
- 24-hour coverage from expert-trained neonatologists
- On-call pediatric medical subspecialists
- Advanced lifesaving technology and equipment.

“Our dedicated and engaging providers strive to continually improve patient care,” says Harold Magee, MSN, RN, nurse manager of children’s services and neonatal program manager at Methodist Richardson. “We are very proud of our dedication and the ability to provide high-quality neonatal care to our community from birth until baby goes home.”

newborns and has specialists available 24 hours a day.
Lawrence had to go back to New York for work, but Stephanie stayed with the twins, keeping Dad updated on their daily progress. Baby Katherine was discharged when she was 2 months old. Baby Lawrence took a little longer to catch up, but he proved ready to go home at 100 days.
The nurses and Dr. St. John helped prepare the Singletons to care for their babies. Even Dad, who admits he was nervous about changing diapers, had it mastered before the family flew home to New York.
“I think they are going to have a strong future,” Dr. St. John says of the babies. “They have very involved parents, and that alone is very important in their development.”
Lawrence gives credit for the babies’ healthy future to Methodist Richardson.
“Because of our situation, we didn’t select this hospital, but we’re sure glad we ended up here — no question about that,” he says.
Stephanie agrees. “Someday, I will tell our children what happened here at Methodist Richardson. They started their lives here with lots of blessings, and we feel very, very lucky. We have a lot to be thankful for.”
Methodist Charlton event has ‘heart to heart’ with more than 300 guests

The more than 300 people attending Methodist Charlton Medical Center’s Heart to Heart event on Saturday, Feb. 23, left with much more than a gift bag. They also took home lots of heart-health information — delivered in a fun, energizing way — that could improve or even save their lives.

Guests enjoyed delicious healthy eats, fitness and cooking demonstrations, a physician panel discussion, and the opportunity to ask providers from several service lines questions about healthy food choices, exercise, new heart treatments, and more.

FaceBook Live Gets National Attention: Viewers tuned in from all over the country and beyond to watch a live transcatheter aortic valve replacement (TAVR) on Methodist Richardson Medical Center’s Facebook page on Thursday, Feb. 21. Cardiothoracic surgeon Derek Williams, MD, and interventional cardiologist Nhan Nguyen, MD, both on the hospital medical staff, performed the successful procedure on 82-year-old Jim Klodnicki of Plano.

The surgery has been watched more than 60,000 times so far and was covered more than 75 times on TV stations across Texas and in other cities, including Chicago, Atlanta, and Philadelphia. Jim’s family even wrote to the Dallas Morning News to praise the care Jim received. This is the third surgery that Methodist Health System has featured live on Facebook.

» Be sure to follow us (facebook.com/MethodistHealthSystem) so you’re in the know about upcoming Facebook Live events.

Getting Ready for Prom: Finding the right prom dress can be difficult and expensive. But with the help of Methodist Dallas Medical Center, 14 Junior Volunteers didn’t have to worry. On March 13, Director of Volunteer Services Jennifer Tillery and her team treated the girls to a Prom Shop at no cost to them. Each girl picked out her own dress, shoes, and accessories for the big night — all of which were donated by employees and friends of Methodist Dallas. Our Junior Volunteers work hard to take care of us and our patients, and Prom Shop is one way we return the favor.

» Learn more about our Junior Volunteer programs at MethodistHealthSystem.org/JuniorVolunteers.

Sweet Harmony for Patients: Recovery Notes, a therapeutic music program, is bringing great comfort to patients at Methodist Mansfield Medical Center. Every Monday, band, choir, or theater students from Mansfield High School perform for patients, helping them feel better and motivating them to work on mobility. The program received a 2019 Health Care Hero award from the Fort Worth Business Press. Team leaders are Angel Biasatti, Laura Sweatt, and Ladawn Williams from Methodist Mansfield and Assistant Director of Fine Arts Chuck Roe, EdD, from Mansfield ISD.
**REPRESENTING AT RED LUNCHEON:** The Methodist Charlton Heart Failure Clinic — the only one of its kind in the region — was featured at the Best Southwest Partnership annual Regional Economic Development (RED) luncheon on March 21. The RED luncheon promotes local business development projects that have an economic impact and improve the quality of life in the region. Shown here, Riya Thenayan, FNP, APRN, and Jacmin Quintero, MA, share information about the services provided at the Heart Failure Clinic.

**TOP MARKS IN HOSPITAL SAFETY:** Methodist Richardson proudly accepted its 2018 Top General Hospital award from The Leapfrog Group® earlier this spring. To be eligible, hospitals must have earned the grade of A in the latest Leapfrog Hospital Survey and demonstrate a high level of commitment to patient safety and quality.

“This award is a testament to the everyday teamwork it takes to put our patients first,” says President Ken Hutchenrider Jr., FACHE. Only three other hospitals in the state of Texas earned the Top General Hospital award.

**RUN WITH HEART FOR HEARTS:** Nearly 1,000 people embraced health and wellness to raise awareness for heart health as they participated in Run with Heart on Jan. 26 at Methodist Mansfield. The sixth annual race raised funds for a cardiac rehabilitation facility in Mansfield.

**LET THE GOOD TIMES ROLL:** For the 10th year in a row, the Oak Cliff neighborhood in Dallas celebrated its unique French roots by hosting a number of events the weekend before Mardi Gras. Methodist Dallas joined in the celebrations by sponsoring the 10K race at the Dash for the Beads race on Saturday, March 2. The event raises funds for fitness and wellness programs for Oak Cliff–area schools. Several hospital employees, including President John Phillips, FACHE, did their part by running in the 5K race.

The next day, the Methodist Dallas team partnered with the Mammogram Foster Girls group to promote breast cancer awareness during the Oak Cliff Mardi Gras parade in the Bishop Arts District. The team walked the parade route alongside Methodist Health System’s mobile mammography unit and tossed beads to the crowds that lined Davis Street.
Moms who give birth at Methodist Charlton and Methodist Mansfield Medical Centers have a better option than formula to supplement breastfeeding when they take their baby home from the hospital. They have Donor Milk To Go.

“Mother’s own milk is the No. 1 preferred nutrition source for babies,” says Wendy Ramirez, RNC-OB, IBCLC, lactation consultant at Methodist Mansfield. “However, when it’s unavailable or the mother’s supply is low, pasteurized donor human breast milk is the second preferred choice.”

Donor Milk To Go, a program of the Mothers’ Milk Bank of North Texas (MMBNT), provides pasteurized human donor breast milk for newborns who need short-term nutritional supplementation. The goal is to help ensure a safe transition from feedings at the hospital to a successful breastfeeding routine at home.

“The program is another resource we are proud to offer to breastfeeding mothers, to supplement with donor human breast milk if needed and provide their babies with the healthiest start in life,” says Reba Godfrey, RNC-MNN, IBCLC, LCCE, lactation consultant at Methodist Charlton.

**How to get Donor Milk To Go**

Donor Milk To Go is for mothers who are advised to have supplementation for their baby’s breastfeeding when they go home. Most often, patients learn about the program from their lactation consultants, unit nurses, or their child’s pediatrician.

Getting Donor Milk To Go is easy. When mom and baby are ready to leave the hospital:

1. **Request a prescription** from your OB-GYN or pediatrician.
2. **Using a smartphone or tablet,** go to [texasmilkbank.org](http://texasmilkbank.org) and register.
3. **Take a photo of the prescription** and attach the image to your registration.
4. **Place and pay for your order** online directly with MMBNT.
5. **Show your payment receipt,** and a hospital staff member will bring your order from the unit freezer.

Donor Milk To Go is possible because of the generosity of moms who donate their excess breast milk to MMBNT for other moms and babies. Each batch of milk is triple-screened, tested for quality, and pasteurized. Parents can be reassured by MMBNT’s safety record of zero documented cases of harm to babies from its donor breast milk.

**New Program Helps Moms Supplement Breastfeeding for Newborns**

Visit [texasmilkbank.org](http://texasmilkbank.org) or call 817-810-0071 for information on screening and free lab work. Once cleared, you can drop off donated breast milk at the Methodist Health System campus near you (see the map on page 47).
TREATING YOUR CANCER
WHILE CARING FOR YOU.

Each cancer is unique and so is every patient we treat. From screening and diagnosis to treatment and beyond, Methodist Charlton Medical Center is here to help you move forward and strengthen you with everything you need to focus on what matters most: beating cancer. For the best care at every stage, trust Methodist.

For a physician referral or to schedule a cancer screening, call 214-444-7303.

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 Charlton 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.