YOUR HEALTHY LIVING MAGAZINE
SPRING 2019

Feeding your face
Great skin starts with a great diet

Springtime skincare
New research supports not skipping your sunscreen

‘Cowboy Joe’ Walker says
Methodist Mansfield saved his life twice

Methodist breaks ground on Midlothian’s first hospital

The power of 10 percent
What losing a fraction of your body weight can do for your health

CHECK OUT OUR UPCOMING EVENTS ON PAGE 4
Contents

Inside & Online

Leave ‘hangry’ at home
Take a look at these quick on-the-run breakfast ideas to kick-start your day.

p. 15

Features

6 Foods for your face
Sometimes the secret to healthier skin is hidden in your fridge or pantry.

22 Welcoming Methodist to Midlothian
Last fall, Methodist Health System broke ground on the 11th hospital to bear its name. See photos from the celebration, and learn how this facility will benefit the Midlothian community.

43 Melanoma rates are up among boomers
When researchers recently looked at melanoma rates across different age groups, they found that fewer young adults are developing melanoma — but rates are rising among older adults. Here’s what you need to know.

Patient Story

34 At home on the range
Joe Walker would rather be out herding cattle than laid up in a hospital bed, but he credits Methodist Mansfield Medical Center for saving his life twice.

TO Your Health

8 The power of 10 percent
Losing weight can be a daunting task, but when you start small with just 10 percent of your body weight, you can still see big results.

A new treatment available at Methodist Mansfield is restoring movement and freedom for patients with spinal muscular atrophy.

p. 18
There’s an animation for that!

Want to know what happens during a heart valve replacement or how Alzheimer’s disease affects the brain? Ever wondered which symptoms point to Lyme disease or why whooping cough is so dangerous? The cure for your curiosity can be found in our healthcare animations library at MethodistHealthSystem.org/Animations.

The Run With Heart photo gallery is now online

Congratulations to everyone who completed the sixth annual Methodist Mansfield Run With Heart in January. We’ve uploaded a gallery of wonderful photos of you along with your friends, family, and neighbors. Stop by MansfieldRunWithHeart.org to catch a glimpse of all the fun we had and get a head start registering for the 2020 event.

SENIOERS — you’ll want to sign up for this!

For adults 55 and older, Methodist Health System has a special program dedicated to their well-being. Methodist Generations engages older adults physically, mentally, and socially, offering educational programs, fitness classes, day trips, support groups, and volunteer opportunities. There are also hospital discounts available for Generations members!

Learn more about this program and sign up to receive our monthly postcard with upcoming events at MethodistHealthSystem.org/Generations.

Why go robotic?

The first robot approved for U.S. operating rooms (ORs) was in 1985 — the PUMA 560 robotic surgical arm helped perform neurosurgical biopsies. Today, robotic technology is a vital part of the services Methodist Health System offers to its patients. We boast 10 robotic da Vinci® Surgical Systems and one Mako® robotic arm.

Because robotic procedures are becoming more prevalent in the OR, it’s important to understand how these tools work. Head to MethodistHealthSystem.org/Media to hear surgeons on the medical staff at Methodist Dallas Medical Center explain how robotics is enhancing their skills and benefiting patients.
MARK YOUR CALENDAR!

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

**METHODIST CHARLTON HEART TO HEART**

- **Saturday, Feb. 23, 10 a.m. to 12:30 p.m.**
- **Auditorium, Methodist Charlton Medical Center, 3500 W. Wheatland Road, Dallas, TX 75237 (self-parking available in Lot A by main entrance)**

Take your heart to heart and join Methodist Charlton Medical Center for a free health event dedicated to your heart. You’ll find helpful resources, speakers, and more — all focused on managing and preventing cardiovascular disease. The fun and informative morning will include:

- Learning how foods impact your health
- A fitness demonstration
- A testimony from one of our heart patients
- An expert physician panel on preventing and living with cardiovascular disease
- Fit Zone, stroke, and cardiac rehabilitation teams available to meet
- Free food, fun prizes, and gifts to take home.

- **Space is limited, so register today at CharltonHeart2Heart.org or by calling 972-992-7621.**

**DASH FOR THE BEADS**

- **Saturday, March 2, 8 a.m.**
- **Race starts at Kidd Springs Park, 818 W. Canty St., Dallas, TX 75208**

Methodist Dallas is proud to be the title sponsor of the 10th annual Dash for the Beads 10K. The event also includes a 5K run, 1-mile walk, costume contest, and festival. Proceeds from the event support Oak Cliff-area schools to help promote healthy eating and physical activity for grade-school children. Come join an event that has become a neighborhood tradition for a good cause!

- **Learn more and sign up today at dashforthebeads.org.**

**SPRING LUNCHEON AND STYLE SHOW**

- **Friday, April 26, 11 a.m.**
- **Hitt Auditorium, Methodist Dallas Medical Center, 1441 N. Beckley Ave., Dallas, TX 75203**

$500 (sponsors table), $320 (regular table of 8), $40 (individual ticket)

This annual Methodist Hospitals of Dallas Guild event was established in 1936 and is the Guild’s premier fundraising event. Funds raised support programs and services at Methodist Health System.

- **To RSVP or for more information, visit MethodistGuild.com.**

**TASTE OF OAK CLIFF**

- **Saturday, May 4, noon to 7 p.m.**
- **111 S. Beckley Ave., Dallas, TX 75208**

Celebrate the rich culture of Oak Cliff through food at the second annual Taste of Oak Cliff festival. Methodist Dallas Medical Center is proud to sponsor this event in its own neighborhood, which is known for diverse eateries, bakeries, and specialty shops, many of which will be featured at the festival.

- **For ticket information and a list of vendors, visit tasteofoakcliff.com.**

**WILDFLOWER! ARTS & MUSIC FESTIVAL**

- **Friday, May 17, to Sunday, May 19**
- **Galatyn Park in Richardson**

Join us at the Methodist Richardson Amphitheater main stage for this annual springtime tradition! There’s something for everyone at this three-day festival that features some oldies but goodies as well as budding new talent.

- **For ticket information and a festival lineup, go to wildflowerfestival.com.**
4 weeks to a stronger heart

While there are many types of workouts for targeting specific areas of the body, cardiovascular workouts are important for keeping the heart in its best shape possible.

“Your heart is a muscle,” explains Lisa Hartman, certified personal trainer and group fitness instructor and supervisor of the Fit Zone at Methodist Charlton Medical Center. “Just as exercise helps to strengthen the other muscles in your body, it also helps the heart muscle become stronger and more efficient.”

Cardio workouts help the heart pump blood more efficiently around your body and improve lung function.

The Centers for Disease Control and Prevention recommends 2½ hours of moderate-intensity aerobic activity every week for heart health. Weight-resistance training and core exercises can also help keep up that heart rate.

Hartman offers this monthlong plan to get your heart in premium shape.

**Start with just 2 days**

- **20 minutes: Cardio exercise**
  Day 1: Choose fast-paced walking or jogging.
  Day 2: Choose stair climbing or bike riding.

- **15 minutes: Weight-resistance training**
  Do 2 sets of 8 reps of the following: bicep curls, lateral raises, bent-over rows, tricep kickbacks, and chest presses or push-ups.

- **5 minutes: Core exercises**
  Do ab crunches on the floor or on a fitness ball, 2 sets of 10 reps.

**WEEK 1**

**WEEK 2**

This week, add an extra workout

- **20 minutes: Cardio exercise**
  Day 1: Repeat Week 1.
  Day 2: Repeat Week 1.

**This week, bump up your workout times**

- **30 minutes: Cardio exercise**
  Repeat Week 2, or switch it up by throwing a new cardio option into the mix (see “Change It Up”).

- **15 minutes: Weight-resistance training**
  Repeat Week 2.

- **15 minutes: Core exercises**
  Repeat week 2, but add a fourth plank.

**WEEK 3**

**WEEK 4**

This week, add a workout and increase the length

- **40 to 60 minutes:**

  **Cardio exercise**
  Repeat Week 3.

- **30 minutes: Weight-resistance training**
  Days 1 and 3: Repeat Week 3, but add a third set.
  Days 2 and 4: Repeat Week 3, but add a third set.

- **15 minutes: Core exercises**
  Repeat Week 3.

**CHANGE IT UP**

Check out this list of cardio exercises you can plug into a workout for your heart:

- Cardio fitness or dance classes (check out our classes at MethodistHealthSystem.org/Fit-Zone-Classes).
- Elliptical machine
- Hiking
- Jumping jacks
- Riding a bicycle or stationary bike
- Stair machine or climbing stairs.

**WHAT ABOUT WEEKS 5, 6, AND SO ON?**

“If you’re ready, you can add slightly heavier weights or more reps,” Hartman says. “You can add more intensity to your cardio as well.”

**BEFORE YOU START …**

Talk to your doctor to see if there are any modifications that you should make based on your personal health. To find a physician, go to MethodistHealthSystem.org/FindADoctor.
Is your SKIN getting ENOUGH TO EAT?

FOODS THAT BENEFIT YOUR HEALTH ARE ALSO GOOD FOR YOUR SKIN

The old adage “You are what you eat” may even apply to your skin. “Your diet isn’t just a source of fuel; it’s how you get the nutrients you need to reduce your risk for disease and to look and feel healthy,” says Jeannine Hoang, MD, dermatologist on the medical staff at Methodist Mansfield Medical Center. “The foods that benefit your overall health will also benefit your skin.”

How to make a healthy plate
One of the best ways to maintain a skin-healthy diet is to increase your fruit and vegetable intake. “These foods are bursting with vitamins, minerals, and antioxidants, which are all best friends to our skin,” Dr. Hoang says. “Load your plate with fruits and vegetables of varied colors — or in other words, ‘eat the rainbow.’ A meal that’s packed with colorful foods is not only pleasing to the eye, it’s also the best way to get the widest possible variety of nutrients.”

For example, many green vegetables like broccoli or spinach contain lutein, a pigment that protects your skin from damage. Fruits and vegetables with yellow and orange pigment — like peppers, grapefruit, squash, and bananas — can promote the formation of collagen.

Besides fruits and veggies, Dr. Hoang recommends choosing foods with high-quality proteins and omega-3 fatty acids to keep skin cells strong. Try salmon, tuna, and beans.

“Your diet should also incorporate foods that can fight skin inflammation, like turmeric, lemon, and pumpkin seeds,” she says.

Healthy drinking goes hand in hand with healthy eating. “Sugary drinks and alcohol can speed up the aging process and also cause inflammation, both of which are bad for your skin’s appearance,” Dr. Hoang explains. “Water, on the other hand, is an integral part of skin health. If you don’t get enough, your skin will become dry, dull, and wrinkled.”

Not just for eating
Some food-based skin care products can help improve your skin’s appearance, particularly if they have calming (anti-inflammatory) or exfoliating properties. These products help minimize the surface effects of aging or skin conditions, such as rosacea or sunburn.

For example, sugar-based scrubs can help slough off dead skin cells, while aloe products can reduce the redness of skin burns. There’s even a medical-grade honey that can promote wound healing.

Do-it-yourself recipes for food facial masks abound on beauty magazine websites. In many cases, they call for ingredients commonly found in refrigerators and pantries, like avocados, bananas, chocolate, and yogurt, all of which may have pore-tightening, moisturizing, and brightening benefits when applied to the skin. Before you try one, however, be sure and talk to your physician first.

“The bottom line: ‘Whether you’re interested in improving your skin from the inside with diet or from the outside with food facial masks, talk to your primary care provider or dermatologist about food and your skin,’ Dr. Hoang says. “He or she can help you identify which foods are beneficial and which foods you should avoid.”

» WHAT A DERMATOLOGIST CAN DISH UP

Sometimes your skin needs more than good nutrition. To find a dermatologist to help, go to MethodistHealthSystem.org/FindADoctor.
Hearing that you need to lose weight can be overwhelming. You know it’s a great opportunity to become healthier, but it’s no easy task to get from your current weight to a more ideal one.

To make it less daunting, Jaremy James, DO, FACOI, obesity medicine physician with Methodist Mansfield Medical Group, suggests starting with this scientifically proven approach to weight loss: the 10 percent rule.

“Focusing on losing just 10 percent of your body weight is a good place to start,” he says. “It’s doable, and it’s not overwhelming.”

A technical database of thousands of weight-loss participants indicates that 10 percent weight loss is the point at which most patients start to see health improvements. If 10 percent still seems too overwhelming, data shows that even as little as 5 percent weight loss can greatly decrease the negative side effects on the body.

Easing into weight loss

“If a patient is starting to show that their blood pressure is rising or their cholesterol is borderline due to their weight, this is the time to get serious about discussing weight loss.”

Dr. James says, “Anybody who is overweight, even without other medical conditions, should consider losing weight to avoid complications of obesity in the future.”

For patients who are slightly overweight and want to avoid taking medication for high cholesterol and blood pressure, Dr. James encourages behavioral changes, such as adopting a better diet and increasing exercise. Changes don’t need to be dramatic, like adopting a severely restrictive diet.

“It’s important to note that there isn’t one perfect remedy — that you can find a program that fits your life,” he says.

Working with your physician

When starting a weight-loss program, your best resource is your physician. Dr. James advises that you try to find someone who specializes in weight loss so you have access to the correct medication and resources.

Most important, however, is changing your mindset.

“When it comes to weight loss, unless you are ready to do it, it won’t work,” Dr. James says. “Positivity and motivation are keys to being successful.”

For some people, a primary care provider is the perfect person to help kick off a new weight-loss program. For others, bariatric surgery might be an option worth considering. Let us help connect you to the right doctor. Go to MethodistHealthSystem.org/FindADoctor or call 214-444-7303.
Studies have found that weight loss is one of the most effective lifestyle interventions for reducing heartburn and acid reflux.

Excess weight is a major risk factor for arthritis and joint injuries. Taking weight out of the equation can ease pressure on the joints.

Losing weight will not only bring down your risk for heart disease and stroke, but also lower your blood pressure and cholesterol.

People who are at a high risk for developing type 2 diabetes can prevent or delay its onset by losing between 5 and 7 percent of their starting weight.

Even with as little as 5 percent weight loss, your medication could be cut in half — either the number of prescriptions you currently take or the dosages of these medications.

Studies have found that weight loss achieved through diet and exercise can lessen the severity of patients’ sleep apnea. Bariatric surgery patients’ symptoms were either improved or resolved in 83.6 percent of cases.

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WHAT YOU NEED TO KNOW BEFORE YOU GO.

If you're faced with a sudden illness or injury and your primary care doctor isn't available, or it happens after hours, what do you do? Conditions that are less serious are often better handled at urgent care centers. But before you go, the best thing that you can do for both your health and your wallet is to follow our recommended tips to get the most out of your urgent care visit.

- Choose urgent care for non-life-threatening conditions such as cuts, sprains, vomiting, rashes, migraines, pinkeye, sinus infections, sore throats, or allergic reactions.
- Know the best time to go. Call your nearest center and ask about the estimated wait time. You’ll be seen by a healthcare provider more quickly if you arrive when the clinic isn’t busy.
- Come prepared with a list of all your medications and supplements, as well as your personal health information. Don’t forget your health insurance card and your ID.

With a team of specialists, we provide urgent care to patients of all ages. For your urgent care needs, trust Methodist.

Visit MethodistUrgentCare.com, trust more information.

Methodist Urgent Care is an independent legal entity separate from Methodist Health System and its affiliated hospitals. The physicians and other personnel providing care at the Methodist Urgent Care locations are employed by or independent contractors of Methodist Health/METHODIST MEDICAL GROUP and are not employees or agents of Methodist Health System or any of its affiliated hospitals.
Congenital heart defects are the most common birth defects in the U.S., affecting about 1 in 100 births each year. Serious defects are usually discovered in infancy and treated immediately — however, many people with congenital heart defects don’t show symptoms at birth and are never diagnosed. As a result, they may live shorter lives and suffer from health problems without knowing the cause.

The good news is many heart defects can be treated successfully, improving quality of life and helping patients live longer. You just have to take the steps to identify them first.

Pay attention to your body
Many adults shrug off the symptoms of congenital heart defects as normal signs of aging and never visit a doctor. “The sooner we find congenital heart disease, the sooner we can treat it and avoid suffering for the patient,” says Biren Parikh, MD, interventional cardiologist on the medical staff at Methodist Richardson Medical Center.

Symptoms to consider are:
• Breathing problems
• Chest discomfort
• Dizziness
• Passing out
• Unexplained fatigue.

“If you’ve been feeling tired lately, it doesn’t mean you should rush to a cardiologist,” Dr. Parikh says. “However, these symptoms should be evaluated by your primary care provider, who will refer you to a cardiologist, if necessary.”

How doctors detect heart defects
If you are referred to a specialist, there are various tests and treatments that might be used to discover any problems with your heart:
• Echocardiogram. This pain-free exam reveals the structure of the heart using ultrasound imaging.
• Transesophageal echocardiogram (TEE). In a TEE, an ultrasound imaging tool is threaded down the throat to the esophagus. Because the esophagus is close to the heart, this exam can produce clear images of its structures.
• Cardiac catheterization. Through a tiny incision in the groin or wrist, a thin tube is guided through the arteries to the heart. The doctor can then take blood pressure measurements and blood samples from different locations within the heart. This procedure is often accompanied by an angigram, a type of X-ray video of a blood vessel or cardiac chamber.

Getting your heart to a good place
Some congenital heart conditions don’t need immediate treatment and only require observation by a cardiologist. Your doctor may also prescribe medication or treat your condition during catheterization. If a serious congenital heart issue is discovered, open heart surgery may be required. For example, if a valve is not opening and closing properly, cardiologists can repair or replace it.

If you suspect you may have a congenital heart problem, see your doctor — it will do your heart good.
Miles and miles

After the TAVR procedure, Lewis Burton, here with his wife of 63 years, Ann, can confidently stay active and keep serving as a volunteer chaplain.
It’s not every day you hear about a 92-year-old World War II veteran who has almost walked the distance of the Earth’s circumference (24,901 miles). Lewis Burton has been logging his miles since the day he started jogging in 1968.

In his work as a volunteer chaplain at Methodist Richardson Medical Center, Lewis even has a reputation for taking the stairs two at a time. With such boundless energy, he never suspected he’d be trading the chapel for the operating room and an emergency heart valve replacement.

A heart in the right place
After a decadeslong career as an aircraft engineer, Lewis and his wife of 63 years, Ann, retired to Richardson from Kansas to be near their two children and five grandchildren.

The Burtons are family-focused and devoted to their faith. Lewis’ 50-plus years of singing in a church choir are a testament of that devotion. So when he was asked to become a volunteer chaplain, he jumped at the chance.

“I’ve been a chaplain for 13 years at Methodist Richardson, and I still enjoy it as much as I ever have,” Lewis says. “I always try to visit all 25 rooms on my list before I leave for the day. Having done this for so long, I’m quite a familiar face around the hospital.”

Lewis’ lagging energy was making it harder to serve. Then a couple of months after he noticed the fatigue, Lewis was admitted to the Methodist Richardson emergency department with shortness of breath and chest pains.

“I was told I’d had a mild heart attack,” Lewis says. “When the doctors did the echocardiogram, they discovered I had severe aortic stenosis, which is when the valve narrows and restricts blood flow.”

continued on the next page >>
Twice the trouble
Nhan P. Nguyen, MD, interventional cardiologist on the medical staff at Methodist Richardson, performed further tests on Lewis and discovered that he also had a severely blocked artery.

“Lewis had two separate issues with his heart,” Dr. Nguyen explains. “The blocked artery needed to be addressed by implanting stents, while the failing valve needed to be replaced.

“Complicating matters was Lewis’ age and that he had had quadruple bypass surgery 20 years ago. Ultimately these factors made him a poor candidate for open heart surgery to replace the valve.”

Dr. Nguyen was able to successfully implant stents in Lewis’ blocked artery through a minimally invasive procedure, restoring proper blood flow. With one problem solved, it was time to find a way to replace his failing aortic valve.

TAVR offers hope
Transcatheter aortic valve replacement (TAVR) has only been performed in the U.S. for less than 10 years, but it has changed the way high-risk patients, like Lewis, are treated.

“Years ago, patients like Lewis didn’t have any surgical options,” explains Derek Williams, MD, cardiothoracic surgeon on the medical staff at Methodist Richardson. “With TAVR, we can offer valve replacement to those who cannot have open heart surgery. It has a much lower risk of bleeding and mortality because unlike during open heart surgery, it does not require stopping the heart and using a heart and lung machine.”

The TAVR procedure is actually straightforward, according to Dr. Williams. The valve implant is guided into the artery in the groin and then through the blood vessels to the aortic valve. The replacement valve expands into the damaged aortic valve’s space and takes over the valve function.

Lewis had the TAVR on a Thursday and went home the very next day. Open heart surgery patients typically must remain in the hospital for five to six days. By the next Wednesday, Lewis was back on his rounds as a volunteer chaplain.

“I felt great after my surgery,” Lewis says. “They had me up and walking the same day. I was thrilled to get back to my duties as a chaplain. It’s what I love most.”

Advancing cardiac care
Bringing TAVR and other advanced heart procedures to Methodist Richardson is part of an ongoing commitment to raise the bar for cardiac care in the community.

“The team that has been put together to build and grow the structural heart and valve program at Methodist Richardson is a powerful lineup of experienced surgeons and cardiologists,” Dr. Williams says. “Going forward, not only will patients choose Methodist Richardson because it’s their community hospital, but also because we have a high-tech facility serving as a structural heart center.”
Does your morning routine include some tummy grumbling but no time to eat? A quick, healthy breakfast can improve your day — and your body.

“It's important to think about what your body really needs in the morning,” says Carey Shore, MS, RD, LD, wellness coach and program coordinator at Methodist Dallas and Methodist Richardson Medical Centers. “Breakfast should include a serving each of protein and whole grains, plus a fruit or vegetable.”

Here are some ideas to keep your body fueled without having to break a sweat in the kitchen:

**Smoothies.**
Ah, the smoothie. What's not to love? Smoothies are a great place to “hide” veggies since the fruit flavors overpower most pureed vegetable flavors. Throw in some plain Greek yogurt (it has a higher protein concentration than the regular kind), and add oats, fruits, and veggies of your choice. You can use fresh or frozen and add protein powder if you like.

**Quick trick:** Make your smoothie the night before, freeze it, then take it out in the morning to drink.

**Trail mix.**
It's not just for afternoon snacks! Personalize a goody bag with your favorite combination of granola, nuts, raisins, or other dried fruit for your mobile meal. A small handful makes a healthy serving size.

**Quick trick:** Make up a large batch and prepackage into daily containers.

**Breakfast tacos.**
No drive-through necessary! Make them up on the weekend, wrapping beans, cooked eggs, low-fat cheese, and some veggies in a whole-grain tortilla.

**Quick trick:** Wrap individually in foil and freeze in batches. On mornings, unwrap the foil and pop your taco in the microwave for a better-than-drive-through morning meal.

If a traditional breakfast is more your style, remember to include a protein and fruit or vegetable with your favorite whole-grain muffin or waffle.

Don’t forget the healthy fats, too. “Adding a serving of healthy fat boosts flavor and helps us feel more satisfied, which in turn helps with appetite control,” Shore says. So add an avocado or spread some nut butter on your waffle and enjoy!
LET’S TRY SOMETHING NEW
A FIRST FOR DFW MEANS PAIN RELIEF FOR RENEE POLHAMUS

PATIENT STORY

If it’s the first weekend of the month, you’ll find 55-year-old Dallas native Renee Polhamus in Canton at the First Monday Trade Days. Her booth, Mombot Creations, is brimming with handmade tutus and baby clothes. These days, she can easily wait on her customers — a far cry from last year, when her every movement was hindered by debilitating back pain.

“For years, I had a job I loved with a textbook distributor,” Renee explains. “I never thought that all the heavy lifting at the trade shows would cause more than a decade of pain.”

Living in pain
Renee managed her back pain with medication until 2010, when she had surgery to repair a bulging disk. The pain relief lasted three months until a violent sneeze threw out her back and caused her pain to return.

“I had a second surgery that helped, but I still had some pain,” Renee says. “Scar tissue from the surgeries had formed around a nerve. So it was back to the drawing board of using medication and injections to manage the pain.”

But that wasn’t the life Renee wanted for herself or her family.

A different approach
After four surgeries and countless injections, Renee was ready to find a better way to get pain relief.

Randall Graham, MD, neurosurgeon with Methodist Brain and Spine Institute at Methodist Richardson Medical Center, had the answer.

“After reviewing Renee’s history, I felt the best way to proceed was lumbar interbody fusion (LIF) surgery,” Dr. Graham says. “This type of surgery fuses together two vertebrae so there would be no movement allowed between them and they would heal as one solid bone. It’s the best way to fuse the very bottom disk, which is what Renee needed.”

There are multiple ways to perform LIF surgeries, and the biggest difference among them is the approach the surgeon uses to access the spine. Renee wasn’t a good candidate for the posterior (back) approach due to previous surgeries.

With an anterior (front) approach (ALIF), the neurosurgeon gains certain advantages: More disk space can be removed, a larger spinal implant can be inserted, and bones fuse better. However, it requires a large incision across the abdomen, and if the surgeon then needs access to the spine from the back, the patient will need to be rotated.

Wanting to avoid these complications completely, Dr. Graham asked Renee if she would consider being the first patient in Dallas–Fort Worth to receive lateral ALIF surgery.

A new solution
“Lateral ALIF is a newer technique that has all the characteristics of ALIF but reduces blood loss during surgery and shortens the time in the operating room,” Dr. Graham says. “After I explained to Renee that her recovery would be much faster, she was on board.”

The patient remains on his or her side for the entire surgery. By eliminating the need to reposition patients, the length of the surgery is drastically reduced. The technique also allows for a much smaller incision, often resulting in less pain and a quicker recovery.

For Renee, this “first” was a success. Her pain gradually disappeared, and within three months, she was completely off pain medications.

“I feel so lucky that I found Methodist Richardson and that Dr. Graham was able to perform this new technique that gave me my life back,” Renee says. “I’m able to do things with my family and grow my business – two things I didn’t expect to ever get back.”

» IS YOUR GOLF SWING HURTING YOUR BACK?

Go to MethodistHealthSystem.org/Media for tips from neurosurgeon Randall Graham, MD.
NOW IT'S YOUR TURN FOR RELIEF

Learn more about back and spine surgeries available at Methodist Richardson at MethodistHealthSystem.org/Richardson-Neuro.

Renee Polhamus is the first patient in Dallas–Fort Worth to receive lateral ALIF surgery to relieve back pain.
MAKING THE IMPOSSIBLE POSSIBLE

SPINRAZA IS RESTORING FREEDOM TO PATIENTS WITH SPINAL MUSCULAR ATROPHY
David Woodward never thought he would be able to brush his own teeth again. Born with a type of genetic degenerative condition called spinal muscular atrophy (SMA), David’s muscles slowly wasted away, robbing him of his ability to care for himself. At 68, he’s unable to walk, drive, or even make a sandwich and relies on around-the-clock care.

However, just last summer, David became Methodist Health System’s first patient to receive Spinraza® (nusinersen), a brand-new Food and Drug Administration-approved injection that can stop and even reverse the effects of SMA. The drug works by replicating a protein that is lacking due to genetics.

“Children who are born with conditions similar to mine get Spinraza right away — they are thriving and walking,” David says. “While we weren’t sure how it would help me — an adult whose disease has already progressed — we’re already seeing improvement.”

After receiving four injections over a four-month interval, he regained the ability to brush his teeth. One small, yet significant milestone.

After this revelation, David remembers his neurologist, Robert McMichael, MD, on the medical staff at Methodist Mansfield, telling him, “I’m about to type into my computer for the first time in my career that someone with spinal muscular atrophy actually made progress. Until now, it’s always been about them losing abilities.”

Preparing for progress
The treatment itself is remarkable for someone like David, but it’s no small undertaking. The procedure requires coordination among several departments. Before each injection, there are hours of lab work and preparation time for the rather simple five-minute procedure, performed by Alvin Anene, MD, interventional radiologist on the medical staff at Methodist Mansfield.

“I can’t say enough positive things about Methodist Mansfield,” David says. “Everything they had to go through to give me the opportunity to have this injection — it’s just incredible.”

During the procedure, Dr. Anene first extracts about a tablespoon of David’s spinal fluid to study before administering an equal volume of medication. Dr. Anene then uses radiologic tools to find the best place to inject the medication into David’s spinal canal.

“It can be a long day, but the staff is so wonderful at Methodist,” says David, himself a retired hospital administrator. “I’m not used to professionals being so kind and so caring. It’s like nothing I’ve ever seen at a hospital before.”

Hope for the future
Now that he’s received the first four injections, David will return to Methodist Mansfield for quarterly treatments for the rest of his life. “It’s absolutely painless and I haven’t had any side effects,” he raves.

While waiting to see what abilities he may regain next, David is content with his life and the small success of brushing his teeth without assistance.

“It’s a huge accomplishment,” Dr. Anene says. “He told me about it almost in passing. I probably caught him off guard with how excited I was.”

For now, David starts his day at about 8:30 a.m. An attendant helps him bathe, dress, and eat. The rest of his day is filled with grocery shopping, watching movies, and internet research — politics and entertainment are his specific areas of interest.

David says he’s not upset about losing his ability to walk nearly 40 years ago, but what he hopes to regain is his ability to drive.

“That’s what I really miss and the biggest deal for me,” he says. The Arlington resident enjoyed the freedom of getting out and about on his own. “My biggest decision was whether to go right to Dallas or left to Fort Worth.”

With Spinraza and the Methodist Mansfield medical team, that could actually be possible again.

» WHERE TO START
For a physician referral to a neurologist on the Methodist Mansfield medical staff, call 214-444-7303.
Chef Mario Reyes couldn’t shake the extreme fatigue and swelling around his legs and stomach that began plaguing him in 2016.

“I assumed the demands of working as a corporate executive chef and traveling were the causes,” he says.

The Elior North America corporate executive chef went to his primary care provider and received an unexpected diagnosis: end-stage liver disease. Mario’s doctor referred him to The Liver Institute at Methodist Dallas Medical Center, where he was treated by Jeffrey Weinstein, MD, medical director of liver transplantation and hepatobiliary services. A liver biopsy confirmed Mario would need a transplant to survive.

Playing the waiting game
The years that followed on the transplant waiting list were difficult for Mario. He made numerous trips from his home in Denton to Dallas for doctor visits and blood work. He was on an intense drug regimen to keep him alive, and he says the wait took an emotional toll. On top of that, he had to put his cooking career on hold.

“Sometimes I wondered if there would ever be a perfect organ match for me, and doubt would start to creep in,” Mario says. The support of friends and his family — wife, Carolyn; daughter, Emily; son, Jordan; and relatives in Toronto — helped Mario push through the bad days.

Getting the call
On Jan. 10, 2018, Mario finally received the call he’d been waiting for: He was getting a new liver.

“I was so excited to get the news that I’d spent two years waiting for,” he says. “When I got in the operating room, I told my surgeon, ‘I’m ready.’”

Vichin C. Puri, MD, Mario’s transplant surgeon at Methodist Dallas, says the seemingly endless cycle of testing and procedures necessary to keep patients like Mario alive can be rough on their emotional well-being and health.

“Patients have to live with symptoms of chronic illness, which are emotionally and physically taxing, not just for the patient but also for their loved ones,” Dr. Puri says. “Many of these patients lose their lives without an organ transplant. Being able to help patients like Mario get a new organ and go back to being highly productive and in normal health is a great feeling.”

Mario spent 12 days recovering in the hospital, and he credits the Methodist Dallas staff with providing “incredible care.”

“I’ll never go to any other hospital,” he says. “It’s worth the 35-mile drive. The Liver Institute is my second home.”

Giving back
Mario wanted to thank the entire transplant staff in a big way.

“When it comes to giving back, I believe food is life, happiness, and passion,” he says. “I decided to plan a feast.”

With the help of his friend Salvatore Gisellu, executive chef at Urban Crust, Mario arranged for a mobile pizza kitchen to visit Methodist Dallas just three months after his surgery. The culinary team served pizza, salad, and desserts to more than 130 transplant team members who helped save his life. Mario and his fellow chefs with the Epicurean World Master Chefs Society also presented Methodist Dallas with a $3,000 check toward lifesaving treatment.

Today, Mario’s health has come a long way.

“I haven’t had any problems with rejection of the liver,” he says. “I feel great, I’m playing golf, and I’m slowly getting back into cooking.”
Reflecting on the past year of his health journey, Mario is excited about what life has in store and is happy to get back to living life fully. He doesn’t take the gift he has been given for granted.

“I’m grateful to every single person who is a registered organ donor and helps to spread the word on how important it is to sign up to become one,” he says. “Organ donors are brave, and organ donors save lives. I feel fortunate and grateful for my new liver. I hope to continue to share my story.”
Last October, Midlothian community leaders gathered to celebrate an important milestone in the development of their 130-year-old city: the groundbreaking for Methodist Midlothian Medical Center, the community’s first acute care hospital.

The 44-bed facility, which is located on 67 acres west of U.S. Highway 287 near the Midlothian ISD Multi-Purpose Stadium, is scheduled to open in 2020 as the 11th hospital to carry the Methodist Health System brand.

**BUILDING A BETTER COMMUNITY.** As one of the fastest-growing communities in North Texas, Midlothian has much to offer in the areas of plentiful housing, strong schools, and a lifestyle that blends the best of urban and rural living. Yet there’s one amenity that the city has lacked since its founding more than a century ago: a local option for healthcare.

“This is a day we have waited for, a day when we will have a full-service, acute care medical facility in our growing city,” Mayor Bill Houston said at the groundbreaking ceremony on Oct. 5. “We have a long-working relationship with Methodist and are proud to have the system expand its presence, talents, and expertise into our community.”

The centerpiece of the $175 million campus is a 190,000-square-foot hospital, which will boast the latest in digital medical management technology, making it a near-paperless healthcare facility. Also on the campus is a 45,000-square-foot medical office building, the future home of medical specialty offices.

To keep pace with the expected growth of the hospital’s service area in northern Ellis County, the hospital design plans accommodate the anticipated expansion of an additional 36 beds within the next three years.

“Many people came together to make this hospital a reality,” says Methodist President and CEO Stephen L. Mansfield, PhD, FACHE. “The city and the Midlothian Economic Development Corporation were both key catalysts in bringing Methodist into the community. We’ve been impressed, and we feel blessed to be a part of Midlothian.”
» An artist’s rendering of the future Methodist Midlothian was revealed at the ceremony.

» Awaiting the start of the groundbreaking ceremony and the unveiling of the Methodist Midlothian rendering are (from left) Ken Pritchett, Methodist Mansfield Advisory Board member; Ryleigh Morgan, J.R. Irvin Elementary School student; the Rev. Caesar Rentie, Methodist vice president pastoral services; Chris Dick, Midlothian city manager; Lane Ledbetter, EdD, Midlothian ISD superintendent; and the Rev. Brady Johnston, Midlothian First United Methodist Church senior pastor.

» John Phillips, FACHE, Methodist Dallas Medical Center president, issues opening remarks at the groundbreaking for the new Methodist Midlothian, Midlothian’s first hospital.

» Stephen L. Mansfield, PhD, FACHE, Methodist Health System president and CEO, holds the music stand for Ryleigh Morgan of J.R. Irvin Elementary School, who sang the national anthem.

» Guests enjoy smoked barbecue and all the side dishes at the groundbreaking ceremony.

» The Midlothian Fire Department Color Guard presents the colors at the groundbreaking ceremony for Methodist Midlothian.

» Heritage and Midlothian high schools’ marching bands and cheer squads greet guests as they walk a red carpet into the historic groundbreaking ceremony.

» WHAT MIDLOTHIAN HAS BEEN WAITING FOR

Check out the Methodist Midlothian groundbreaking video at MethodistHealthSystem.org/Media to see how Midlothian was ready to welcome Methodist Health System’s 11th hospital.
When sudden and severe injuries happen and every second counts, families in the Best Southwest and surrounding areas can now take more comfort in knowing that lifesaving treatment is close by. The Texas Department of State Health Services recently designated Methodist Charlton Medical Center as a Level III Advanced Trauma Facility. This elevated level of care means Methodist Charlton is capable of treating people with traumatic injuries, such as those from car crashes, gunshot and stab wounds, and serious falls. Patients no longer must automatically be transferred to another hospital to receive care.

Methodist Charlton is the only Level III Advanced Trauma Facility in the Best Southwest region.

“Trauma centers are vital community assets,” says Fran Laukaitis, MHA, BSN, RN, FACHE, president of Methodist Charlton. “The efforts that led to trauma designation highlight how Methodist Charlton is working to provide the best possible care for members of our communities.”

Here’s what the Level III trauma designation means for you and your family.

**Trauma team available 24/7**

Upon arrival, each trauma patient is met by a specially trained team that quickly evaluates the patient’s condition to determine how serious it is and what care is required. Methodist Charlton is capable of treating critically injured patients and giving them the very best chances for survival and recovery, says Amanda Binnix, BSN, RN, CEN, trauma program manager.

“First responders now have a trauma resource nearby in crucial lifesaving moments,” she adds. “As a result, they are able to respond to the next emergency call sooner."

Care happens conveniently closer

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It’s important to remember that trauma patients treated at Methodist Charlton are not trying to receive emergency care. They are being provided advanced care that is specifically designed to help them recover from their injuries and return to their normal lives. Methodist Charlton is also equipped to handle the long-term needs of trauma patients, including physical therapy, occupational therapy, speech therapy, and other services that help them regain their mobility and independence.

Methodist Charlton is committed to providing the best possible care for all of its patients, and this includes those who have been injured in a traumatic event. By being designated as a Level III Advanced Trauma Facility, Methodist Charlton is ensuring that its patients have access to the highest level of care available, and that they can receive it close to home. If you or someone you know has been injured in a traumatic event, be sure to seek medical attention right away. Your life may depend on it.
READY TO SERVE

Learn more about the emergency services at Methodist Charlton at MethodistHealthSystem.org/Charlton-Emergency.
Confidence in the comprehensive trauma designation process

The Level III trauma designation process is rigorous and can take several years. “It begins with the structure of the trauma department and data collection and ends with an entirely new process for caring for injured patients from pre-hospitalization to rehabilitation,” Binnix says.

To maintain the designation, the staff receives continued intensive trauma education; the community receives injury prevention education as well. Trauma Medical Director Maria Hegar, MD, FACS, adds that process improvement doesn’t just include systematic guidelines for treating patients. “It also includes meticulously documenting patient care plans, trauma care results, and rehabilitation treatment so we continually improve the process of caring for our patients.”

Applying for the Level III trauma designation is voluntary, but something Methodist Charlton chose to do.

“We wanted to better serve our community, and what better way to serve than to provide a higher level of trauma care,” Binnix says. “Our staff loves working for a hospital that desires excellence and providing the very best care for our patients.”

Methodist Charlton hosted a community celebration for its new Level III Advanced Trauma Facility designation last fall. Hanging from the ceiling were enlarged photographs of several staff members supporting the hospital’s emergency and trauma services.

A designated advanced trauma facility is a tremendous asset for the city of Cedar Hill and the surrounding area. As the only Level III Trauma Center in the Best Southwest area, our residents can count on Methodist Charlton for critical care when it counts the most. We are honored to have Methodist Charlton as a trusted community partner, providing quality care and specialized resources for Cedar Hill families.

— ROB FRANKE, CEDAR HILL MAYOR

Having a Level III Trauma Center within minutes of anywhere in Duncanville personally means a great deal to me, as I was a recipient of Methodist Charlton’s superb trauma care in the past. While the hospital did not have its new official designation at the time, the trauma services I experienced firsthand were lifesaving. The Methodist Charlton Level III Trauma Center provides me and my family with peace of mind, knowing that when it is needed, outstanding trauma care exists close to home.

— BARRY GORDON, DUNCANVILLE MAYOR

Methodist Charlton is the closest hospital to us. By seeking and achieving a Level III Trauma Center designation, the hospital further positioned itself as a key player in our community’s emergency response efforts. Combined with its quality stroke and heart attack care, this designation just adds more confidence in the level of care Methodist Charlton can provide.

— MIKE RYAN, DUNCANVILLE EMS CHIEF
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 some of the most technologically advanced screening tools to help 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 colorectal specialist, please call 214-444-7303.
Sweet victory over cancer

EUNJU CHOE FOUND THE SUPPORT SHE NEEDED TO FACE COLORECTAL CANCER AT METHODIST CHARLTON
When Eunju Choe first noticed symptoms of colon cancer in June 2017, she ignored them. She was busy running her donut shop and caring for her family and didn’t have time to worry.

She knew blood in the stool could be a sign of cancer, but surely that wasn’t the cause. Afraid to learn the truth, she assured herself that nothing was wrong and made excuses to avoid visiting her doctor. However, as the symptoms continued, she became more concerned.

Nevertheless, two months passed before she saw her primary care provider, and another two months passed before she got the colonoscopy he’d recommended. The results were devastating: She had cancer and needed surgery.

That’s when Eunju came to Methodist Charlton Medical Center — and, much to her surprise, it’s also when she began to feel better.

“I AM SO GRATEFUL AND HAPPY TO DO SIMPLE THINGS, LIKE GOING TO WORK AND SEEING MY FRIENDS. NOW I TELL PEOPLE: ‘IF YOU HAVE SYMPTOMS, DON’T WAIT. SEE A DOCTOR RIGHT AWAY.’ IF I HAD WAITED LONGER, I MIGHT NOT BE HERE.”

— EUNJU CHOE

Finding answers and support
“My doctor had not explained much, and I was so worried,” Eunju remembers. “When I went to Methodist Charlton, the doctors and nurses were so kind and explained everything to me and my family. They also prayed with me, which was really touching.”

Eunju’s family quickly discovered a connection with her colorectal surgeon, Paul Hackett, MD, on the hospital’s medical staff. Her brother, who also owned a donut shop, recognized Dr. Hackett as soon as he walked in the exam room — he had been a frequent customer.

Dr. Hackett answered the family’s questions and explained that Eunju’s cancer was treatable and had not spread far. He was able to remove the affected part of her colon using the robotic da Vinci® Surgical System. The robot makes smaller incisions than traditional surgery, helping patients heal faster.

‘A second chance at life’
Eunju had surgery in December that year. She recovered for a few days in the hospital and returned to work in just four weeks. Following surgery, she underwent chemotherapy at Texas Oncology – Methodist Cancer Center. After her last treatment on June 21, 2018, tests showed no signs of cancer.

“I feel I’ve been given a second chance at life,” Eunju says. “I am so grateful and happy to do simple things, like going to work and seeing my friends. Now I tell people: ‘If you have symptoms, don’t wait. See a doctor right away.’ If I had waited longer, I might not be here.”

» CANCER CARE YOU CAN TRUST

Learn more about Methodist Charlton’s cancer services at MethodistHealthSystem.org/Charlton-Cancer.
Along with being aware of your family history, knowing your heart-health numbers can help you understand your risk for heart disease. The chart below gives a quick overview of the optimal goals typically recommended by health experts.

<table>
<thead>
<tr>
<th>Risk</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLOOD PRESSURE</td>
<td>Top number less than 120 and bottom number less than 80</td>
</tr>
<tr>
<td>CHOLESTEROL</td>
<td>A total cholesterol level of about 150 mg/dl</td>
</tr>
<tr>
<td>FASTING GLUCOSE</td>
<td>70 to 99 mg/dl</td>
</tr>
<tr>
<td>BMI</td>
<td>Between 18.5 and 24.5</td>
</tr>
<tr>
<td>WAIST CIRCUMFERENCE</td>
<td>Less than 40 inches for men and less than 35 inches for women</td>
</tr>
</tbody>
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Keep in mind that your goals may be different based on your personal risk factors. Ask your doctor to help you set goals that are tailored to you. Regular screenings can help you track your progress.

» MORE ABOUT YOUR HEART

Keeping your numbers in the right ranges is a way to ward off heart disease. Learn more at MethodistHealthSystem.org/Heart-Resources.
Women need to know the risk high cholesterol poses to their health, according to researchers. Recent studies show women are less likely to have cholesterol levels tested and less likely to have high cholesterol under control than men are.

Too much artery-clogging LDL cholesterol can keep the heart from getting the blood it needs, and this can lead to a heart attack or stroke. Too little artery-clearing HDL cholesterol also can contribute to heart disease.

**Monitor cholesterol regularly**
Health experts recommend women age 20 and older get their cholesterol checked at least once every five years. Some women may need more frequent screenings, including women who are older than 55 or have risk factors for heart disease.

The best test — a lipoprotein profile — checks LDL, HDL, and total cholesterol levels, as well as triglycerides (another fat in the blood linked to heart disease). You need to fast for nine to 12 hours before the test.

**How to control cholesterol**
Guidelines from the American Heart Association did away with the concept of total cholesterol and LDL levels that apply to everyone, so ask your doctor if your levels are okay. Generally, HDL is best at 60 mg/dl or above and triglycerides below 150 mg/dl.

Maintaining a healthy weight, eating a low-fat diet, and exercising can help lower LDL and raise HDL cholesterol.

**DID YOU KNOW?**
Physical fitness is a great way to raise your HDL cholesterol and lower triglycerides. Check out the classes at the Methodist Charlton Fit Zone at MethodistHealthSystem.org/Fit-Zone-Classes.

**QUICK TIP**
To help keep cholesterol in its optimum range:
- Limit the amount of fat and cholesterol you eat
- Increase soluble fiber, like oats, beans, and apples
- Get at least 4½ cups of fruits and vegetables daily.

Recent research shows tomatoes and tomato-based products may be especially good at raising HDL cholesterol.
Winning big at losing weight

BARIATRIC SURGERY FINALLY ALLOWED LARHONDA DARBY TO LIVE HER BEST LIFE

LaRhonda Darby in 2008.
HOW FAR WOULD YOU GO TO LOSE WEIGHT?
As a contestant on Extreme Makeover: Weight Loss Edition in 2011, then-33-year-old LaRhonda Darby quit her job, converted her living room into a gym, and dedicated six hours of her day to grueling workouts. Going “extreme” worked — but only temporarily.

Over the year of filming, LaRhonda went from 433 pounds to 202 pounds, winning a car in the process. However, after filming wrapped, she had to go back to work, and finding time for a six-hour workout wasn’t realistic. On top of that, LaRhonda says her issues with food ran deeper.

“I’m not overweight because I love food,” she explains. “I had a traumatic childhood, and weight was my protector.”

In the six years since the show, LaRhonda gained back the 231 pounds she had lost, plus another 49.

“There was never a time I wasn’t in pain,” she says. “My muscles and joints ached.” She leaned on doses of ibuprofen just to get through the day. Walking was a challenge, as were most daily activities, like running errands, going to work, and fitting into typical seats at restaurants.

She finally had enough.

Time for a lasting change
LaRhonda hired a therapist to help her address her addiction to food, and she turned to the Weight Management Program at Methodist Dallas Medical Center and Sachin Kukreja, MD, bariatric surgeon on the medical staff.

LaRhonda and Dr. Kukreja decided the best procedure for her was what’s commonly known as a DS (short for biliopancreatic diversion with a duodenal switch). In LaRhonda’s case, Dr. Kukreja was able to take a minimally invasive approach with the robotic da Vinci® Surgical System. The DS is typically reserved for the most extreme cases, and LaRhonda — with a weight approaching 500 pounds — was a perfect candidate.

Dr. Kukreja says the DS typically results in 90 percent excess weight loss. An added bonus? It’s 98 percent effective in resolving diabetes. A naturally occurring peptide that regulates insulin production and glucose metabolism increases exponentially after the surgery is performed.

In a DS procedure, surgeons reduce the size of the stomach, fashioning it into a sleeve shape, so that patients can’t eat as much food. Surgeons also reroute a significant portion of the small intestine, which limits the number of calories and amount of fats that can be absorbed.

Dr. Kukreja says the procedure fell out of popularity over concerns that it kept the body from taking in enough nutrients. However, he modified the surgery so patients like LaRhonda aren't dependent on taking extra vitamins and can eat normal food.

“They don’t have to live life on protein shakes,” he says. “They can eat most regular foods while avoiding fats.”

Say hello to success
Since the surgery in July 2017, LaRhonda has lost 233 pounds. According to Dr. Kukreja, she can expect to lose another 30 to 60 pounds for a final weight under 200.

She’s already back in her favorite pair of jeans and wearing high heels again. “I love heels,” she says.

LaRhonda now sees exercise as a way to be healthy and completed a 5K in December 2018. “I’m allowing myself to live as if I was never heavy to begin with.”

LaRhonda thanks God for helping her through the challenges of the journey, but she also credits both therapy and her surgery for helping her get back her life, adding that the Methodist team is more like a family.

“They’ve had my back, encouraged me, and let me cry,” she says.

Dr. Kukreja says he’s found LaRhonda’s mindset inspiring.

“Whenever I see her, I just see her energy,” he says. “She’s doing all the work, and she had the right surgery to be successful.”

After knowing what it’s like to struggle and finally succeed with weight loss, LaRhonda advises others considering bariatric surgery to start with finding the root of their issues with food.

“You have to get to the reason you’re overweight first,” she says. “Then weight-loss surgery is a great tool.”
Joe Walker and his cardiologist have what you might call a love-love relationship.

“He calls me Cowboy Joe, and he likes my Danners,” Joe says, recalling the snake protection boots. The patient and physician visit with good-natured chiding, but when it comes to saving Joe’s life, they’re both all heart.

With 3,000 acres and cattle to tend, the 68-year-old ranch manager isn’t used to falling down on the job. In September 2015, when Joe started having fainting episodes when he’d stand up, he went to Alan Taylor II, MD, FACP, FACC, cardiologist on the medical staff at Methodist Mansfield Medical Center. Joe was diagnosed with bradycardia (slow heartbeats) and had a pacemaker implanted to control his heart rate.

Winter weakness
A few months later, Joe and his wife, Mickey, were working cattle in the south field when weakness, fever, nausea, and arm pain hit Joe all of a sudden.

“I hit the last cow on the rear to get it moving and woke up in the hospital,” Joe recalls. In the Methodist Mansfield emergency department, tests ruled out heart disease and a heart attack, but an angiogram showed two major heart blockages: 100 percent in the main artery down the front of the heart and 95 percent in the artery that wraps around the left side.

The treatment was a two-vessel bypass surgery performed by Darien Bradford, MD, cardiothoracic surgeon on the medical staff at Methodist Mansfield. “I’ve never met two doctors more friendly or capable than Dr. Taylor and Dr. Bradford,” Joe says. “Their caliber is beyond what I can comprehend.”

Repeat engagement
Joe’s second lifesaving encounter came just a few weeks later, in January 2016. He came to the emergency department with unexplained swelling in his throat that was diagnosed as a blood clot in his right internal jugular vein — the blood vessel that carries oxygen-depleted blood from the brain down to the heart and lungs. He was admitted to the hospital for further observation. While there, the clot broke off from the jugular vein, went through the heart and into the lung arteries, creating a condition known as a pulmonary embolism.

“Everything went black,” Joe recalls. “And when I came to, there was a code team in the room.”

“Pulmonary embolisms can cause shortness of breath, passing out, or possibly even death,” Dr. Taylor says. “Fortunately, Joe was already at Methodist Mansfield, so we were able to provide the care needed to keep him stable and get him on the mend.”
Changing it up

With his critical care needs behind him, the team turned to Joe’s ongoing cardiac needs. The nature of Joe’s work means his lifestyle changes by the season — a challenge his city-dwelling counterparts rarely have to face. Medication balance and fluid intake are more difficult to sustain. Dr. Taylor’s solution: change Joe’s dosages to meet his lifestyle needs.

“He exerts himself and sweats significantly more in the summer, so that plays with how his body absorbs the medication,” he says.

“It’s been rewarding to see Joe’s success with an alternating approach.”

Joe’s strong bond with Methodist Mansfield continues, as he relies on the hospital for treatment of other health issues and continues his relationship with Dr. Taylor for ongoing cardiac care.

“If it weren’t for Methodist Mansfield, I’d be dead twice,” Joe says. “When you’re in your late 60s, you’ve got to keep moving when things like this happen. Methodist Mansfield helped me get better and get on with my life.”

» HEART CARE YOU CAN TRUST

The team at the Amon G. Carter Foundation Heart and Vascular Center at Methodist Mansfield is here for you. Learn more at MethodistHealthSystem.org/Mansfield-Cardio.
Judy Wegner had just finished the trip of a lifetime — a two-week tour of the Holy Land with her beloved husband, Vern — when she got a devastating diagnosis. “Life was going great,” Judy says. “We were golfing and playing with our grandkids. We’d just gotten back from that wonderful trip, so it was just like whoa.”

In October 2017, the 73-year-old retiree was back home in Mansfield when she suddenly developed a yellowing of the eyes and unexplained itching on her arms. At Methodist Mansfield Medical Center, Judy was diagnosed with pancreatic cancer and rushed by ambulance to Methodist Dallas Medical Center, recognized by The Joint Commission for its excellence in treating patients with this condition. Alejandro Mejia, MD, executive program director of organ transplantation and transplant surgeon on the hospital medical staff, told Judy she would need surgery — and soon.

“I’m definitely sure that if we had not met Dr. Mejia, chances were pretty good I wouldn’t be here today,” Judy says.

The power of robotics
Days after Judy’s diagnosis, Dr. Mejia performed a grueling five-hour operation most commonly known as the Whipple procedure. Using the robotic da Vinci® Surgical System, he removed the head of Judy’s pancreas, part of the small intestine, the gallbladder, and the bile duct. Dr. Mejia then had to reconnect the remaining parts of her digestive system.

“It’s one of the most complex surgeries I do,” Dr. Mejia says. “Every case is so difficult, so I’m amazed that we have done already a hundred.”

That’s right. Judy is the 100th patient at Methodist Dallas to have a robotic Whipple procedure.

Within weeks, Judy was planning her next travels, and that was no surprise to Dr. Mejia. “Ms. Wegner’s surgery went well,”
he says. “It did help that she’s in very good shape; she’s an avid golfer.”

Plus, her procedure was robotic. Whipple procedures are traditionally open surgeries with large surgical incisions, long recoveries, and more risks for complications. Not so with the da Vinci robot.

“There is no question in my mind that patients do better when they get the robotic technique,” Dr. Mejia says. “They come home sooner, they are stronger, they recover faster, and they are ready for their next round of treatment in much better shape.”

Vern says Dr. Mejia demonstrated how he’d be controlling the robot from a nearby console — how his hand movements would dictate the robot’s movements in real time.

“We just felt like it would be a great success story,” Judy’s husband says.

Staying young at heart
Vern and Judy are so optimistic about the future that they purchased a motor home.

“This fall we took off for a few weeks and just enjoyed life and our great country,” he says.

In between travels, the couple is back on the golf course and playing with their nine grandchildren and two great-grandchildren.

“We try to keep as active as we can — that’s what life is all about,” Judy says. “Come home and sit in your rocking chair, and you get old very fast.”

A woman of strong faith, Judy says being the 100th robotic Whipple patient at Methodist Dallas is special for her.

“We know we have someone watching over us every day, taking care of us,” she says. “He put the team at Methodist Dallas in our lives that we needed to have at that very moment.”

Watch videos of more patient success stories at MethodistHealthSystem.org/Media.
With kidney cancer behind her, Stacey Murray is enjoying time with her grandchildren.
A n unrelenting pain in Stacey Murray’s right side landed her back in her urologist’s office. She’d had kidney stones since she was a child and had undergone a handful of surgeries over the years to have them removed.

This time, however, Stacey’s pain wasn’t due to a stone. A CT scan revealed that she had a cancerous mass on her right kidney.

What might have been a nagging annoyance, Stacey calls a blessing. “Because of my pain, the cancer was found,” Stacey says.

Kidney cancer is typically painless and gives no warning signs of its presence until dangerously late in the game, when people may have grown a baseball-size tumor, says Stacey’s urologist, Greg Lieser, MD, on the medical staff at Methodist Richardson Medical Center. “Her guardian angel was looking out for her.”

Not your typical cancer treatment
Kidney cancer doesn’t respond to radiation or chemotherapy, so the standard course of treatment is to remove the tumor and surrounding tissue. There’s just one problem.

“Kidneys don’t really like being cut into,” Dr. Lieser says. “There is a lot of blood, and we have to reconstruct the kidney to make sure it doesn’t leak blood or urine after.”

So Dr. Lieser chose to use the robotic da Vinci® Surgical System for the partial nephrectomy (kidney removal). It allows for greater visibility and maneuverability of the surgical instruments, which is invaluable in complex surgeries. Methodist Richardson is home to three of these surgical robots.

The advantages of robotic surgery
Dr. Lieser was able to save most of Stacey’s kidney tissue with the da Vinci technology.

“Doing a full kidney removal is like throwing the baby out with the bathwater,” Dr. Lieser says. Yet that was one of the common approaches to treating kidney cancer with traditional laparoscopy. The procedure doesn’t allow access to hard-to-reach tumors; it’s also difficult to reconstruct a kidney with typical laparoscopic tools.

The other option wasn’t much better — a painful open surgery in which doctors must remove part of the rib and cut through layers of muscle tissue to access the kidney. In this operation, doctors can reach the kidney better and are more likely to save kidney tissue rather than remove the whole organ, but patients are left with longer recovery times and narcotics for pain.

“Robot-assisted surgery for kidney cancer is a game changer,” Dr. Lieser says. “There are smaller incisions and much less pain after the operation, and patients get to go home more quickly. Within a week or two, it’s like they never had surgery.”

Aside from those benefits, being able to preserve the kidney is at the top of Dr. Lieser’s motivations. “We lose kidney function as we age, and there’s more risk of kidney deterioration if you take one out because it puts more stress on the remaining kidney,” he explains.

With kidney dysfunction comes an increased risk of heart attack, stroke, and lower life expectancy, he adds. “Anything we can do to preserve kidney function is of utmost importance.”

Nowhere but Methodist
Stacey is just glad for the medical care she received at Methodist.

“I won’t go to anyone other than Methodist Richardson,” she says. “Dr. Lieser is patient, he listens well and explains things thoroughly, and he never rushes me. He makes me feel comfortable.”

Stacey credits the whole Methodist team for her successful recovery from cancer. “The hospital is wonderful, and all of the doctors and nurses were really great, genuinely nice people. “It’s a good thing that my doctors found the cancer early and that it didn’t affect my kidneys. I’m lucky.”

Is robot-assisted surgery right for you?
To find out more about procedures using the da Vinci robot at Methodist Richardson, visit MethodistHealthSystem.org/Richardson-Robotics.
Wipe out spring cleaning injuries

Whether you love or hate spring cleaning, it’s tough to ignore. These tips can help ensure your safety as you tackle the lifting, climbing, and dirty work.

Prevent poisoning
• Read and follow safety instructions when you use strong cleaning products. Wear gloves or masks if instructed.
• Never mix cleaning products together. You could end up with a dangerous — even deadly — combination.

Lift with care
• Test each load before you lift it to make sure it’s something you can handle on your own. If it’s not, get help or use a dolly.
• Get as close as you can to the object you must lift. Let your legs and arms — not your back — do the work.
• To lift with your legs, bend your knees and keep your back straight as you pick up the load.
• Look before you lift to make sure you have a clear path from where you’re picking up the object to where you plan to put it down.

Use ladders safely
• Use a ladder or sturdy stepladder if you need to clean a chandelier or other high fixture.
• Don’t put your feet above the highest level that’s safe for standing. For an extension ladder, that’s the fourth step from the top. For a stepladder, it’s the second step from the top.
• Make sure the rungs are dry before you use any type of ladder.

Avoid falls
• Always keep stairs, landings, and floors clear as you clean out closets and cabinets.
• When you go up and down stairs, carry only loads you can see over. Keep one hand free to hold a railing.

Stay safe in the yard
• Wear goggles, ear protectors, and sturdy shoes when using lawn mowers, leaf blowers, and other power equipment.
• Wear gloves to protect your hands from injury and irritation.
• Use insect repellent that contains DEET to keep ticks and mosquitoes away.
• Protect yourself from heat and sun by applying sunscreen and drinking plenty of water throughout the day.
• Take breaks and rest in the shade at regular intervals.

Above all, listen to your body. Pace yourself and don’t work beyond your limits.

» WHOOPS!

Unfortunately, even on our safest days, accidents and emergencies can happen. For emergencies, you should always call 911. For minor illnesses and injuries, our Methodist Urgent Care centers are ready to help. Find a location near you at MethodistUrgentCare.com.
You may have heard it said that every season is allergy season in North Texas. It’s hard to argue that point, when stereotypical spring allergens, like grasses and pollens, start acting up as early as January — and then stick around for months.

Here’s what you can do to combat these allergies and make it through the season — or the year!

**Spot the signs.** Symptoms of spring allergies can vary from person to person. They can include coughing, sneezing, a runny nose, itchy or watery eyes, or a sore throat.

*continued on page 42*
Know the culprits. Most spring allergies are caused by tree pollen. If your allergies continue through late spring into the summer, you may also be allergic to grass or weed pollen. It’s common for people to be allergic to more than one substance.

See a specialist. If your allergies are severe, your doctor or an allergist can help you determine what’s causing your allergies and learn how to control symptoms.

Take medication. Several types of over-the-counter medicines offer allergy relief. These include antihistamines, decongestants, and nasal sprays. If your symptoms are severe, your doctor may prescribe a nasal spray or eyedrops.

Consider allergy shots. Another treatment option is allergy shots, or immunotherapy. These shots expose you to small amounts of the allergen over time, slowly reducing your symptoms.

Check pollen counts. This information is available in your local newspaper or news station weather reports. Tree and grass pollens are usually at their highest levels in the evening.

Beware of dry, hot, windy days. This type of weather makes pollen counts soar.

Keep pollen out of your home and car. Keep windows and doors shut, and turn on the air conditioner.

Keep allergens off yourself. During times of high pollen counts, change your clothes and wash your hair after spending time outside. And wear a mask that covers your mouth and nose when mowing or doing outside chores.

To find an allergy specialist on the medical staff at Methodist Health System, call 214-444-7303. You can also watch family medicine physicians Cheryl Vera-Burkhalter, MD, and Akanksha Kumar, MD, both on the Methodist medical staff, discuss spring allergies at youtube.com/MethodistHealthDFW.
Melanoma rates are up among boomers

Each year, more than 70,000 people are diagnosed with melanoma — the deadliest type of skin cancer — and more than 9,000 people die of the disease.

When researchers recently looked at melanoma rates across different age groups, they found that fewer young adults are developing melanoma, while rates are rising among older adults. The findings are published in *JAMA Dermatology*.

**Melanoma rates are increasing among adults ages 55 and up**

Researchers analyzed data from the Centers for Disease Control and Prevention and the National Cancer Institute. Specifically, they looked at melanoma rates among non-Hispanic whites since this group has the highest risk for the disease.

When researchers examined melanoma rates by age, they found that between 2005 and 2014, there was a decrease in the incidence of melanoma among men and women ages 15 to 44 years old. However, the rate of melanoma increased significantly among adults ages 55 and older.

Skin cancer prevention efforts — such as discouraging the use of indoor tanning and protecting against sunburn — have been aimed at adolescents and young adults and have been successful. However, according to researchers, efforts to encourage behaviors that reduce the risk for skin cancer should be promoted among all age groups.

**Keep in mind the 3 S’s**

It’s easy to think of protecting your skin from the sun in summer, but taking steps to reduce your risk for melanoma should be a yearlong practice. Try to remember the 3 S’s:

- **Sunscreen.** Use broad-spectrum sunscreen with a sun protection factor (SPF) of 30 or higher. Reapply every two hours or after swimming or sweating.
- **Shade.** Try to seek shelter from the sun, especially between 10 a.m. and 4 p.m.
- **Shield.** Wear sun-protective clothing to shield your skin from the sun’s rays.

In addition, keep in mind a fourth S: **Scan.** You should regularly examine, or scan, your skin for signs of skin cancer. To learn how, visit the American Academy of Dermatology at [aad.org](http://aad.org).

**WHAT I WISH I KNEW THEN**

“You think you look so much better with a tan and you love those tanning beds. ... You know better, but you keep doing it anyway. It doesn’t catch up with you until you’re in your 30’s. Your first diagnosis is the most dreaded one of all: melanoma.”

These are the words skin cancer survivor Jan Arrant writes to herself in her article “A Letter to My 16-Year-Old Self.” To read the rest of her story, go to [MethodistHealthSystem.org/Blog](http://MethodistHealthSystem.org/Blog).
HAPPY HOLIDAYS: More than 200 community members participated in Happy, Healthy Holidays, an event hosted by Methodist Charlton and co-sponsored by Methodist Generations, on Nov. 7, 2018. Attendees learned deep breathing exercises from WFAA’s Sonia Azad (photo to the right); got tips for managing holiday stress from psychologist Mona Robbins, PhD; and were treated to a healthy cooking demonstration from local celebrity chef Tre Wilcox of Bravo television’s Top Chef All-Stars.

Methodist Richardson celebrates successful Yellow and Black Tie Gala

The 2018 Yellow and Black Tie Gala, held Oct. 20 at the Renaissance Dallas Richardson Hotel, was a night about giving back. Methodist Richardson Medical Center Foundation honored international company Ericsson with this year’s Legacy Award. The award recognizes corporations and individuals who have made a difference in the community through their ongoing financial commitment to the hospital. In turn, the event raised nearly $400,000 in support of vital programs at Methodist Richardson Medical Center. It was one of the most successful galas in the Foundation’s history, with nearly 600 guests in attendance.

Parin Makadia, MD, and Clay Harrison were honorary co-chairs for Methodist Richardson Foundation’s 2018 Yellow and Black Tie Gala.

Foundation Board Chair Richard Ramey (left) and Methodist Richardson President Ken Hutchenrider Jr., FACHE, present the Legacy Award to Barbara Baffer, vice president of government and industry relations for Ericsson North America.

At the gala, Mary Jessen shared the story of her experience receiving medical care at Methodist Richardson. Michael Oh, MD, PhD, was her neurosurgeon.

DELIVERING CHRISTMAS CHEER TO MANSFIELD: Methodist Mansfield was proud to help usher in the holiday season as the host of Mansfield’s Hometown Holiday Parade on Saturday, Dec. 1, 2018. The parade featured 55 entries from local civic organizations, rodeo clubs, choirs, churches, and area businesses. Methodist Mansfield had its own sleigh with Santa, accompanied by hospital employees, Seguin High School athletes, and family members.
BURSTING WITH EXCITEMENT!
Methodist Health System celebrated breaking ground on its newest hospital, Methodist Midlothian Medical Center, during the Midlothian High School vs. Burleson High School football game in October 2018. Methodist honored local breast cancer survivors and sponsored a fireworks display for all of the school fans.

THANK YOU, VETERANS: Methodist Charlton honored both employees and community members who are veterans at a reception on Nov. 12, 2018. The event offered heavy refreshments, a complimentary gift for veterans, and the opportunity to sign a thank-you poster that hung in the hospital. Dustin Anthamatten, MBA, MA, CPA, vice president of operations, shared words of thanks to our veterans for their unselfish service to our country. All veterans received a complimentary gift.

WE’LL WALK WITH YOU: The Methodist Dallas Medical Center Weight Management Program proudly sponsored the Walk from Obesity on Oct. 27, 2018, at White Rock Creek Trail. Organized by the American Society for Metabolic and Bariatric Surgery Foundation, the walk supports obesity research, education programs, and access to care initiatives. The Methodist Dallas team (shown at right) had more than 40 participants in the walk, and the team received a special award for raising the most funds in Dallas.

TAKing ACTION AGAINST PANCREATIC CANCER: November 2018 was a big month for the pancreas programs at Methodist Dallas. First, Methodist Digestive Institute (MDI) celebrated 20 cancer survivors at the 11th annual Pancreatic Cancer Survivor dinner on Nov. 6 (at left). To commemorate the occasion, MDI awarded a $1,000 donation to the Sunset High School robotics team.

Next, MDI was one of the top sponsors at the Pancreatic Cancer Action Network’s PurpleStride DFW Walk/Run on Nov. 10, where our team raised more than $3,000 for the Pancreatic Cancer Action Network.

To wrap up the month, Methodist Dallas once again earned The Joint Commission’s Gold Seal of Approval® for Disease Specific Certification in pancreatitis, pancreatic surgery, and pancreatic cancer. Methodist Dallas is the only hospital in the nation to be certified in both pancreatitis and pancreatic surgery.

SANTA’S ‘BEARY GOOD’ HELPERS: Methodist Richardson staff enjoyed helping the jolly old elf himself for another holiday season at Richardson’s Santa’s Village in December 2018. The hospital sponsors Santa’s Beary Good Hospital, where volunteers weigh and measure children so they can see how much they’ve grown. The lawn of City Hall comes to life for this family favorite holiday tradition.
Methodist Health System announced the opening of Methodist Community Pharmacy. Conveniently located off the main lobby at Methodist Dallas Medical Center, the pharmacy will serve patients, visitors, Methodist employees, and the community. A special advantage for patients will be the pharmacy’s concierge service, delivering their take-home prescriptions to the patient bedside.

“Pharmacists will be available to provide greater continuity and more comprehensive care to all of the pharmacy’s customers,” says Jon T. Albrecht, MHA, RPh, BCNSP, FASHP, vice president of pharmacy services at Methodist Health System. “The pharmacy will also work to lower the cost of medications to all patients by leveraging our health system discounts and patient assistance programs.”

The pharmacy will accept all insurance plans. In addition to filling prescriptions, a limited offering of over-the-counter products will also be available.

**COME SEE US**

The new pharmacy is anticipated to open in March. Hours of operation are currently planned for 9 a.m. to 7 p.m. Monday through Friday and 10 a.m. to 2 p.m. on Saturdays. See the map on the opposite page — we’re located off the main lobby at Methodist Dallas Medical Center.

**THE FULL PICTURE**

Low-dose imaging advancing spine care, especially for scoliosis patients

Methodist Dallas Medical Center is one of only three hospitals — and the only adult hospital — in North Texas to provide innovative, low-dose EOS® stereo-radiographic imaging to adult patients. This technology is changing the way surgeons are looking at patients to diagnose and treat back pain, tumors, spine disorders (like scoliosis), and injuries.

“EOS is revolutionary because it enables the surgeon to understand the alignment of a patient’s spine from head to toe,” says Richard Meyrat, MD, FAANS, neurosurgeon at the Methodist Moody Brain and Spine Institute. “This allows more patient-specific surgical planning to improve long-term surgical success.”

Within four minutes, the system completes a full-body scan of a patient either sitting or in a full-weight-bearing standing position. High-quality 2D and 3D images show how the patient’s spine, hips, and knees work together or compensate for one another and provide precise measurements for positioning implants or devices during surgery.

In addition, EOS uses significantly less radiation than CT exams, improving patient safety.

**BACK PAIN?**

There’s a solution that’s right for you. To find a neurosurgeon on the Methodist Dallas medical staff, visit MethodistHealthSystem.org/FindADoctor.
TRUSTED, ACCREDITED HEART CARE.

“I’m feeling so much better now. Thanks to Methodist Mansfield, I’m still going strong and in the game.”
— Jack Morrison, open heart surgery patient

Methodist Mansfield Medical Center has received Chest Pain Center accreditation from The Joint Commission, one of the nation’s highest honors. It’s just one more reason to trust that your heart is in good hands at the Amon G. Carter Foundation Heart and Vascular Center. Trust. Methodist.

MethodistHealthSystem.org/MansfieldCardiology

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 Mansfield 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.