

SHINE

Breast cancer survivor

TRIUMPHS OVER
DISEASE —
AND FEAR

**MOM SURVIVES CARDIAC
ARREST DAYS AFTER
DELIVERY**



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New mom suffered a heart attack and then cardiac arrest **days** after giving birth.

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A new Methodist Health System hospital opened this spring. Learn more about **Methodist Celina Medical Center**.

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VIDEO:

Firefighter survives heart attack on ice: 'Hockey saved my life'



ATHLETE REJOINS HIS TWIN ON THE COURT AFTER **GRISLY HAND INJURY**

This 17-year-old returned to playing tennis and basketball with his brother, thanks to the orthopedic team at Methodist Dallas Medical Center



Kade (right) and Rhett compete on their high school tennis team in Mount Pleasant.



Seeing Kade return to the basketball court was both thrilling and scary for his parents.

The night that Kade Barley crushed his right hand under his friend's Chevy Suburban, it was hard to imagine he could return to athletics for his senior season in Mount Pleasant.

"Everybody was freaking out," the East Texas teen recounts the night of his injury, when he tried to change a tire beside a road in Dallas. "I was the only one who was calm."

The 17-year-old has put that night behind him and returned to playing tennis and basketball at Chapel Hill High School, thanks to the orthopedic team at Methodist Dallas Medical Center.

COMPOUND FRACTURE

The trajectory of Kade's summer changed the night of May 13, after he watched the Dallas Mavericks compete in the playoffs with his brother and four friends. A tire on their SUV blew out on the way home, so Kade and his friends pulled over to change it. As Kade worked, a freak accident dropped the vehicle onto his right hand, smashing his ring finger and causing a compound fracture.

"I was in shock," says Kade, whose injury turned out to be worse than paramedics initially thought. "They told me I could just drive to the hospital."

Fortunately, after changing the tire, someone else drove to Methodist Dallas, where Kade was treated by **BJ Lee, MD**, orthopedic hand surgeon on the medical staff.

"Not only was the bone broken, but he also had a partial

tendon tear, and the wound was contaminated," Dr. Lee says. "So you have to worry about the bone healing properly and preventing infection, as well."

SUPPORTING HIS BROTHER

Dr. Lee used a titanium screw to repair Kade's finger, also cleaning the bone and wound as part of the procedure.

After surgery, Methodist Dallas President **John Phillips, FACHE**, dropped by Kade's room to check on him and raise his spirits about missing the state tournament.

"He told Kade he was excited to hear his comeback story," says his mother, Kathleen Barley. "I think that gave Kade hope and motivation to keep working."

Discharged the next morning, Kade knew he couldn't play tennis in-state but wanted to drive to San Antonio to watch his twin brother compete with his doubles replacement.

"That's the best way to describe his heart," Kathleen says. "Even though he was in so much pain to make the trip, he didn't want his brother to not have his support."

Kade didn't make that trip but ended up watching his brother, Rhett, compete online.

GETTING BACK TO NORMAL

For the next three weeks, Kade wore a splint on his right hand before changing into a different brace to hold two fingers straight.

“

THE ORTHOPEDIC
TEAM AT
METHODIST
DALLAS MEDICAL
CENTER WAS
AWESOME. **THEY
REALLY TREATED
ME LIKE THEY
WERE PART OF
MY FAMILY.**

— KADE BARLEY

X-rays show
Kade's hand
after the injury
and after
surgery, when a
titanium screw
was inserted.



“There are just a lot of things you don't realize you need to do,” Kade says, talking about how difficult it was to sleep and have his parents drive him everywhere.

Physical therapy consisted of exercising with resistance bands, squeezing a ball of putty, and even dipping his hand in hot wax to ease the pain. He gradually strengthened his fingers and regained mobility.

“You need to have the joints moving and your tendons gliding to optimize function in the hand,” Dr. Lee says. “The trauma of the injury as well as the surgery can lead to scar tissue and stiffness without the appropriate postoperative care.”

SENIOR YEAR COMEBACK

Returning to sports wasn't easy for Kade, and it was just as tough for his parents, Kathleen and Michael.

His mother found herself in shock when her son dove onto the basketball court for a loose ball during his first game after the injury.

“I was thinking about that finger and praying he didn't get reinjured,” Kathleen says. “This whole journey, we were surrounded with lots of prayers from the community, coaches, teachers, and friends. We're so thankful to them and to God.”

For Kade, it was a small milestone in his recovery. He's more determined than ever to win state in basketball and tennis.

“It really lit a fire in me,” he says.

Read about another young athlete whose lymphoma diagnosis couldn't keep him off the soccer field.



Breast cancer
survivor is
**‘stronger
than I
thought
I was’**

Decades after losing her mother to cancer, Daphne McCleery overcame her own frightening diagnosis with the support of the Breast Center at Methodist Mansfield Medical Center

“I credit Methodist Mansfield with helping me conquer my worst fear and teaching me that I am stronger than I thought,” Daphne says.

That fear arose when breast cancer stole her mother away when she was just 50 years old.

“It was so hard to watch her battle breast cancer and then lose her when I was just a young woman,” says Daphne, a writer who also quilts and donates her creations to survivors like her. “It created this well of fear.”

EARLY DETECTION SAVES LIVES

When she was diagnosed last summer, Daphne had been diligent about getting her annual screenings and found the treatment she needed at her hometown hospital.

“

I WAS BLESSED TO HAVE THE SUPPORT I NEEDED,
IN ADDITION TO THE BEST CARE, CLOSE TO HOME.

— DAPHNE McCLEERY

“

I ENCOURAGE ANYONE
FACING A HEALTH
BATTLE TO **SURROUND
YOURSELF WITH PEOPLE
WHO CAN LIFT YOU UP
AND SEE YOU THROUGH
THE HARDEST PARTS.**

— DAPHNE McCLEERY

“I was blessed to have the support I needed, in addition to the best care, close to home,” Daphne says.

That dedication to yearly screenings meant that when a suspicious spot was found in Daphne’s right breast, it was found early. After further testing, she was diagnosed with one of the earliest stages of breast cancer: stage 1A.

“My husband, Rick, immediately went to work looking for the best breast care in our area,” says Daphne, who calls her husband the family researcher. “He was the one who found The Breast Center at Methodist Mansfield.”

Daphne knew she had found the right place for her treatment. She made an appointment with **Katrina Birdwell, MD, FACS**, breast surgeon on the medical staff at Methodist Mansfield.

“As a breast surgeon, my goal is to educate patients about their disease and treatment options with accurate pros and cons,” Dr. Birdwell explains. “Then I walk alongside them as they decide what is right for them now and for their future.”

CHOOSING A LUMPECTOMY

For Daphne, that meant taking hereditary risk factors into account, including her mother’s diagnosis at an early age and breast cancer on her father’s side of the family.

“Given her family history, Daphne was willing to undertake my suggestion of having genetic testing for gene mutations,” says Dr. Birdwell. “When those results came back negative, we discussed her treatment options.”

Dr. Birdwell also considered Daphne’s excellent health and lack of other risk factors, alongside her family history, when suggesting the right treatment options.

In September 2023, Daphne chose to have a lumpectomy, a breast-conserving surgery that would remove the cancer and a small amount of tissue surrounding it.



SURROUNDED BY SUPPORT

While Daphne acknowledges having lived in fear of cancer, she conquered that fear by keeping up with her mammograms and following through with her treatment “without falling apart.”

“I credit much of that strength to the people who surrounded me during the journey,” she says, “especially my team of breast specialists and my nurse navigator at The Breast Center.”

During that battle, Daphne held on to two things she loves dearly: writing mystery/adventure books for young readers and quilting, a hobby she picked up 15 years ago.

“I felt moved to donate my collection of quilts to the hospital in hopes that they would bring comfort to women going through their own breast cancer journey,” she says.

Daphne is also working on her fourth novel, an adult mystery she says will feature a character named Katrina Birdwell as a thank-you to her surgeon.

“I encourage anyone facing a health battle to surround yourself with people who can lift you up and see you through the hardest parts,” Daphne says.

Watch this survivor and “quilting queen” share her creations with Methodist Mansfield.



HOW TECHNOLOGY HAS TRANSFORMED

HIP AND KNEE REPLACEMENT

Years ago, getting a new hip or knee was a scary ordeal with an uncertain outcome, but new surgical techniques and technology have revolutionized joint replacement

From robotics to implants that last a lifetime, the field of hip and knee replacement has made great strides in the past decade, says **Tyler Freeman, MD**, orthopedic surgeon on the medical staff at Methodist Charlton Medical Center.

“Robotic assistance allows us to personalize your surgery to you and your body in the operating room,” Dr. Freeman says. “And the components we’re using last over 100 years in the lab. So it’s one and done.”

Pair those advances with less invasive surgical approaches, and these aren’t the hip and knee surgeries your parents once dreaded or complained about after the fact.

ROBOTIC ASSISTANCE

Surgical robotics were a game changer when the first platform was approved by the FDA for general laparoscopy in 2000.

Today, systems like the ROSA Knee System — which Methodist Charlton acquired in January 2025 — greatly enhance an orthopedic surgeon’s precision and offer unparalleled 3D imaging.

“It’s like an assistant in the operating room that never gets tired, that never messes up, and is always on,” Dr. Freeman says. “The cuts are more precise than I can make with older instrumentation, and I can personalize every knee or hip I work on to each patient’s anatomy.”

That allows the new joint to be attached to the newly resurfaced bones with unprecedented precision, down to 0.5 millimeter, or the width of a few human hairs. And that means a quicker recovery, less pain, and happier patients in the long run, Dr. Freeman says.

“I want to help you live your life,” he says. “Whether that’s hiking, biking, walking, or playing with your grandkids, we want to get you back to doing what you love.”



ANTERIOR APPROACH

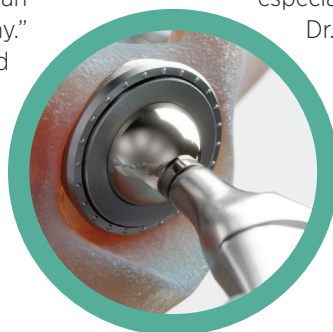
A major advance in hip replacements involves approaching the joint from the front, or anterior, instead of the posterior.

“There’s an old way of doing hip replacements where the surgeon cuts through the butt muscle,” Dr. Freeman says. “The anterior approach leaves a smaller scar and goes between muscles.”

Leaving the largest muscle in the body, the gluteus maximus, intact shortens the patient’s recovery time and greatly reduces the risk of a complication after surgery.

“It does decrease your risk of a dislocation, especially within the first six weeks,” Dr. Freeman says.

For both hip and knee replacement patients, the surgery usually takes only an hour and can often be performed on an outpatient basis, meaning there’s no overnight hospital stay.





I PREFER TO HAVE
PEOPLE GO HOME
THE DAY OF SURGERY.
THEY CAN **SLEEP IN
THEIR OWN BED AND
THEY START PHYSICAL
THERAPY AT HOME THE
NEXT DAY.**

— DR. TYLER FREEMAN

LATEST PROSTHETICS

A major development in hip and knee replacement involves the longevity of the implants: the titanium, ceramic, and polyethylene components that make up the new joint.

“This is a huge deal in our industry,” Dr. Freeman says. “Now if you can hold out until you’re 50 or so, that new hip or knee should last a lifetime.”

In the past, the plastic components in artificial joints tended to break down over time, just like your original joints. But in recent years, researchers determined they could use radiation to strengthen the chemical bonds in these materials, making them last far longer.

“In the lab, they have a machine that simulates the walking motion,” Dr. Freeman says. “They found that these hip replacements can last close to 100 years.”

The weak link in knee replacements can be how the artificial joint is attached to the bone. The most popular method is using medical-grade cement, but that requires extra time to dry in the operating room and could loosen over the years.

A newer option involves using a more porous implant surface that forms a permanent bond with the leg bone.

“With the press-fit implants, your bone grows into them,” Dr. Freeman says, “so that joint will be stable for the rest of your life.”



NOT THE FIRST OPTION

Of course, replacing a hip or knee joint is a major decision, and Dr. Freeman advises his patients that it should not be the first option.

“I have patients with arthritis in their joint who get steroid and gel injections for years and never need their knee or hip replaced,” he says.

“When the injections no longer work, and you can’t do the things you love — that’s when we talk about getting a replacement.”

And for those patients who already had a joint replaced elsewhere and are still living with pain, there’s always the possibility of revision surgery to do the job right.

“It could be a patient hates the hip or knee they got replaced before,” Dr. Freeman says. “Those disasters are like my children; I love to take care of them.”

From sports injuries to chronic conditions, Methodist offers complete orthopedic care to relieve pain and restore your active lifestyle. Learn more.





Retired skater returns to rink after cancer scare

This lifelong skater had a tumor removed from her stomach, sparing her from the cancer that took her mother

Stella Sun has been figure-skating for 40 years, but a troubling diagnosis last year left her worried that her lifelong passion was on thin ice.

"I've been skating all my life," she says. "I started at 28, and now I'm 77."

Thanks to innovative minimally invasive endoscopic technology at Methodist Richardson Medical Center, this Plano resident has made her triumphant return to the rink with a message for anyone with risk factors for digestive cancer.

"I want them to think about prevention and planning ahead so they don't have to get to a point where it's as serious as end-stage cancer," she says. "I want them to be able to still do the things they love."

Recognizing her own risky family history, Stella made a point to prioritize her health and ensure she could keep skating.

NEW TECHNOLOGY

In August 2023, Stella had a routine upper endoscopy, a relatively painless procedure that captures images of the stomach using a camera on a long thin tube, or endoscope.

“

AS I WAS LEAVING THE HOSPITAL, I ASKED MY DOCTOR IF I COULD GO SKATE. **I FEEL LIKE MYSELF WHEN I'M DANCING ON THE ICE.**

— STELLA SUN



“My doctor told me he found a tumor in my stomach,” she says. “It was a lump that was embedded very deep.”

Stella’s commitment to routine checkups was a choice deeply influenced by the loss of her mother to cancer.

“She always had stomach problems,” she says. “And when they found out, it was already too late.”

Not wanting to take that chance, Stella was referred to **Abdul H. El Chafic, MD**, medical director of advanced endoscopy on the medical staff at Methodist Richardson.

“Stella was sent to me to evaluate a lesion found in her stomach,” Dr. El Chafic says. “She was very anxious and wanted to be scheduled as soon as possible to potentially remove it.”

Dr. El Chafic diagnosed Stella with a gastrointestinal stromal tumor. While it was a small tumor, such tumor types carry a risk of becoming cancerous and can potentially spread if left untreated.

“Since my tumor had the potential to develop into cancer, I knew I needed to have it removed,” Stella says.

TAKING THE NEXT STEP

Dr. El Chafic was able to remove the tumor using an innovative endoscopic device through the mouth that eliminates the need for traditional surgery and spares the patient a hospital stay.

This minimally invasive procedure uses an endoscope to fully remove deep lesions like Stella’s, rather than shaving off superficial lesions. The full-thickness resection device then simultaneously closes the resection site with a clip.

“Patients can go home the same day without the need for inpatient recovery,” Dr. El Chafic says. “Stella is currently living without fear that she has a tumor that may cause major problems in the future.”

A quick recovery was important to Stella because she wanted to return to her favorite pastime. Skating remains a powerful outlet for her to express joy, as well as the grief of losing her husband last summer.

BACK ON THE ICE

In her earlier years, Stella competed in pairs skating, performing in harmony with a partner. Now, she enjoys skating solo, with the music as her guide.

About gastrointestinal stromal tumors

- About 60% start in the stomach, 35% in the small intestine.
- Approximately 4,000-6,000 are diagnosed per year in the U.S.
- They’re most common in people older than 50.



“I can’t skate without it,” Stella explains. “I’ve been ice dancing since I was 40, and I’ve just started singing along to my own music.”

Now, thanks to her surgery at Methodist Richardson, that music won’t stop, and neither will Stella’s skating.

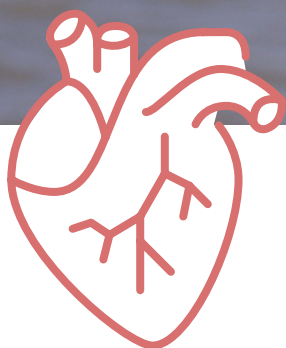
“It just feels good,” she says. “I forget about everything else.”

From digestive screenings to high-tech procedures, you can trust your gut to the digestive health teams at Methodist. Learn more.



Mother reunited with her newborn

AFTER CARDIAC ARREST



This Arlington mother had just given birth when she suffered a heart attack and then cardiac arrest days later at Methodist Mansfield.

Life took a frightening turn for Tatyerra Thomas shortly after giving birth to her daughter when she suffered a heart attack and cardiac arrest.

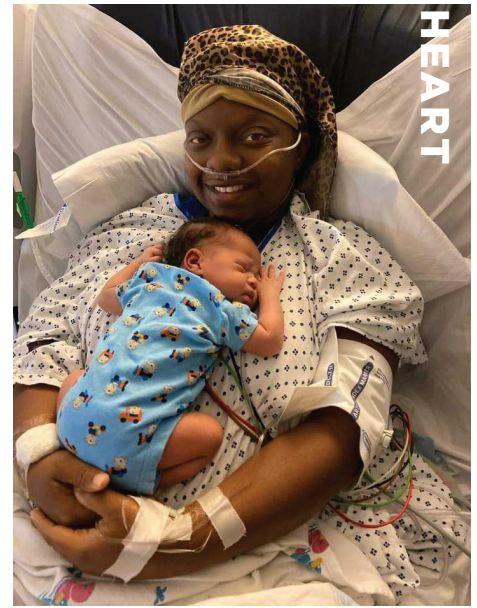
The Arlington mother had just given birth at another hospital in July 2023, where she returned days later with chest pain. She was discharged, but the nitrate tablets she was prescribed to manage her angina didn't do the job.

"The nitroglycerin the other hospital had given me left me lying in the middle of the floor to the point where I couldn't get up," says Tatyerra, now 31. "I called the paramedics and told them, 'Take me to Methodist'"

When Tatyerra's mother, Lashawn Partee, arrived at Methodist Mansfield Medical Center, she was relieved to see that her daughter was finally receiving the care she needed.

"I felt like the nurses and doctors actually cared," Lashawn says. "I could tell they valued her life and put forth an effort."

That effort became lifesaving when Tatyerra's heart stopped shortly after her arrival.



RARE HEART CONDITION

Tatyerra's heart attack was caused by spontaneous coronary artery dissection (SCAD), a rare condition where a tear forms in an artery's wall, slowing or blocking blood flow to the heart. If not treated promptly, SCAD can result in a heart attack, arrhythmia, or sudden death.

After an ambulance rushed Tatyerra to Methodist Mansfield, the medical team took her to the cardiac catheterization lab, where her condition was diagnosed by **Ammar Al Akshar, MD**, cardiologist on the hospital's medical staff.

"I quickly recognized this rare and often underdiagnosed condition and realized it had been overlooked at the previous facility where she had been discharged just hours earlier," Dr. Al Akshar says. "The moment I saw Tatyerra, I knew I had to act immediately and decisively."

Fortunately for Tatyerra, she was right where she needed to be. Dr. Al Akshar and his team quickly performed a lifesaving cardiac catheterization, restoring blood flow in the dissected right artery, all while she was receiving chest compressions.

"As a mother, the worst thing you could ever think of is losing your child," Lashawn says, recalling those dramatic moments. "I just remember feeling so devastated and had to keep reminding myself she was receiving the best care."

STENTS OPEN ARTERY

Tatyerra would need six stents, tiny scaffold-like structures used to keep an artery open and restore blood flow to the heart. She also needed help breathing from a ventilator and briefly went into ventricular fibrillation, a deadly arrhythmia.

But thanks to the quick response of Dr. Al Akshar and the rest of the medical team, Tatyerra was stabilized and breathing on her own the following day.

When she woke up from her procedure at Methodist Mansfield, Tatyerra's room was full of medical staff from both the intensive care unit and nurses' station. She says the support and love she received from the team has changed her life forever.

Above: Tatyerra is grateful to be back home with her fiancé, Ryan, baby RayLynn, and 8-year-old Angel.

Right: Tatyerra credits nurses like **Ashley Sellers, RN**, for reuniting her with her baby.



"Everyone was overjoyed knowing that she had woken up after her procedure," Dr. Al Akshar says. "It was a true miracle to see her recovering and being able to care for her newborn baby."

A week later, Tatyerra was discharged from the hospital and began her recovery, all while taking care of baby RayLynn and her big sister, 8-year-old Angel.

'HEALTH IS WEALTH'

Tatyerra is still recovering a year after her lifesaving surgery, but she's hopeful for the future, including preparing for her upcoming wedding.

She has since taken steps to improve her health, even creating a business dedicated to helping others improve their wellness.

"Health is wealth, we can't just think we're doing okay," she explains. "Something as small as walking 30 minutes a day and changing your diet could change so much."

From prevention to advanced procedures, trust your heart to the innovative, personalized care that Methodist provides. Learn more.



How lupus defies easy diagnosis and treatment

The autoimmune disease often manifests in joint pain and skin rashes, but its cause remains a mystery

The autoimmune disease systemic lupus erythematosus, or lupus, has been called “the cruel mystery” because its cause is unknown and diagnosing it can be difficult for patients with wildly divergent symptoms.

“I could have 10 patients all diagnosed with systemic lupus; however, their symptoms might be drastically different from one another,” says **Leanne Dada, DO**, rheumatologist on the medical staff at Methodist Dallas Medical Center.

An estimated 1.5 million Americans are living with lupus, with 16,000 new cases diagnosed each year. In up to half of those patients — and up to 80% of children with lupus — the disease attacks the kidneys (lupus nephritis), with end-stage renal disease a possibly fatal outcome.

The cause of lupus is unknown, but it’s thought to be rooted in various genetic abnormalities triggered by an unknown environmental exposure.

That makes treating lupus just as challenging as diagnosing it.

SYMPTOMS AND TYPES

Many patients with lupus report pain in their joints, especially the hands, wrists, feet, and ankles. This could be due to inflammation in the joints, called arthritis. Others may present with a rash triggered by the sun. This rash may resemble a butterfly or animal bite, leading to its name (lupus is Latin for wolf).

Inflammation is the tie that binds all cases because lupus occurs when the immune system attacks the body’s connective tissues, organs, and nervous system.

“There are forms of lupus that only involve the skin, that are triggered by medications, and that are triggered by cancers,” Dr. Dada says. “These causes should be discussed with your rheumatologist.”

HOW IT’S TREATED

Lupus is treated with anti-inflammatory medications as well as disease-modifying anti-rheumatic drugs, or DMARDs. Anti-malarial drugs like hydroxychloroquine (which made headlines during the pandemic) are used to prevent flare-ups. Corticosteroids, most commonly prednisone, are also used to treat lupus, as are immunosuppressants to help stop your immune system from self-destructing.

“Immunotherapy is used by rheumatologists to control lupus, as well as to prevent organ damage,” Dr. Dada says.

A healthy diet can also help reduce some symptoms of lupus and improve overall health.

“Some patients find relief with an anti-inflammatory diet,” Dr. Dada says. “Also, there is some evidence to support optimizing vitamin D supplementation in lupus patients.”

New medications — including monoclonal antibodies like belimumab and anifrolumab and the immunosuppressant voclosporin — are being developed to improve the quality of life for patients living with lupus.

“It would be worth discussing again with your physician if you would like to revisit treatments,” Dr. Dada says.

Arthritis can be “wear and tear” or an immune system run amok. Learn more.



“ I COULD HAVE 10 PATIENTS ALL DIAGNOSED WITH LUPUS. HOWEVER, **THEIR SYMPTOMS MIGHT BE DRASTICALLY DIFFERENT** FROM ONE ANOTHER.

— DR. LEANNE DADA





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- Stroke



Methodist Celina
makes its debut with
grand opening and
drone shows

BOOMTOWN WELCOMES ITS FIRST HOSPITAL

The brand-new Methodist Celina Medical Center welcomed its first patients on March 17, opening its doors moments before the sun rose to give one of the nation's fastest-growing cities a new home for healthcare.

"Attention, attention," a Celina Fire Department dispatcher announced over the radio that Monday morning, "Methodist Celina Medical Center is now open and accepting ambulances."

DAWN OF A NEW ERA

The Collin County boomtown's first hospital — and the 13th owned by or affiliated with Methodist Health System — welcomed its first patients at 7 a.m. That milestone comes nearly two years after work began on the 240,000-square-foot facility, located on 40 acres of Blackland prairie alongside the northern reaches of the Dallas North Tollway.

"It took us 97 years to get here, Celina, but we're darn glad we're here," says Chief Executive Officer **James C. Scoggin Jr.**, paying tribute to the health system's near-century-long mission of serving the southern sector of Dallas and now well beyond. "We go where there's need, and we meet that need. We run to it."

A crowd representing the 200-plus staff members at Methodist Celina cheered as the signs over the emergency entrance blazed to life, giving the surrounding communities and the paramedics who serve them a new option for lifesaving care closer to home.

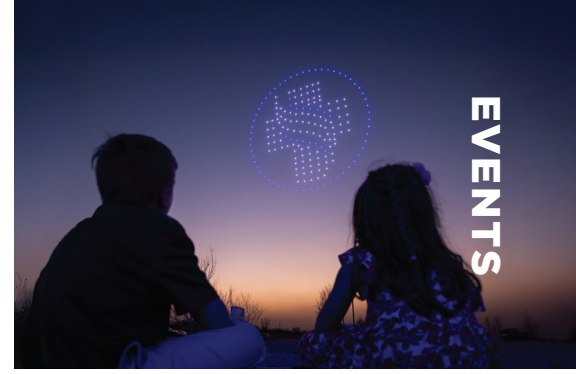
"The sign's on, the ER's open, and we're really excited about caring for our first patients," hospital President **Cody Hunter, MHA, FACHE**, says shortly after the hospital opened. "Our team is ready, willing, and able. We've got you."

'HEART AND SOUL'

Local families and community leaders got their first glimpses inside their hometown hospital days before Methodist Celina officially opened its doors to offer a diversity of service lines: trauma and emergency services, specialized cardiovascular care, cancer treatment, orthopedics, and robotic surgery. At the first of two grand opening celebrations capped off by custom light shows put on by Skyworx Drone Shows, Celina Mayor Ryan Tubbs thanked Methodist executives, physicians on the medical staff, and other team members who welcomed the hospital's grand opening shoulder to shoulder with the community.

"You've built not just a hospital but a cornerstone of our community's future," Tubbs told a crowd of about 200 city and system leaders who toured the hospital. "To the healthcare professionals who will bring this facility to life, you are the heart and soul of what Methodist Celina Medical Center will become."





INVESTING IN THE FUTURE

The grand opening was steeped in the history of Celina, nicknamed Rollertown because its industrious residents once loaded their homes and businesses onto rollers to move closer to a new rail stop at the turn of the 20th century. In recent years, the city has flourished, serving notice as one of America's true boomtowns.

"Methodist saw our future before others did," says Tubbs, noting that his city's population has tripled in the past decade. "Your presence here represents a vote of confidence in what Celina is becoming."

The hospital strikes a stunning profile with four stories of glass and steel rising from what was once 40 acres of pastureland where cattle grazed and wildflowers blossomed.

"Two years ago, this was just a big field full of longhorns," says **Pam Stoyanoff, MBA, CPA, FACHE**, president and chief operating officer of Methodist. "This gorgeous \$237 million hospital opens with 51 beds and the ability to expand beyond that in the years to come."

TRUST IS EARNED

The hospital's staff will continue to grow, too, as Methodist builds on the 200 healthcare professionals he's hired so far. Their mission now is to win the trust of their neighbors, he says.

"Trust is part of the framework of Methodist," says Hunter, the hospital president. "We'll have the opportunity to earn that trust from Celina and the surrounding communities — day after day, patient after patient, and moment after moment."

That mission took root more than two years ago when local outreach efforts began, even before the hospital's groundbreaking proceeded unfazed by a winter storm.

"You've seen us participating at community events and celebrations, you've seen us at Celina Bobcats football games, and you've seen us contributing to the local economy," Stoyanoff says. "Methodist has a long history of embracing the communities we serve."

FAITH-DRIVEN MISSION

Before the light show began, Hunter closed his remarks with a nod to the illuminated crosses that dominate the hospital's façade, reflecting the faith-driven purpose behind Methodist Celina's lifesaving mission.

"When you see those blue lights on the horizon and the glowing crosses facing west and north," he says, "know that starting at 7 a.m. March 17, 2025, this community can trust Methodist."



Watch Methodist Celina swing into action on its first day serving patients.



RESTAURANT OWNER OVERCOMES FAMILY'S FEAR TO BEAT LIVER CANCER

After liver cancer took the lives of his mother and brother, this Plano man was determined not to share the same fate



While in his native Vietnam, Van Hoang Huynh learned he had a large tumor on his liver, the same cancer that claimed the lives of his mother and brother.

"Their mindset was if you had surgery, you might die right away," says Hoang's daughter, Jenny Huynh. "So they didn't do anything and died within a year. My father shared the same fear but didn't let it get the best of him."

Instead, the 73-year-old had 60% of his liver removed at Methodist Richardson Medical Center, and the Plano restaurant owner is now cancer-free, thanks to a team led by **Joseph Buell, MD**, a hepatobiliary and surgical oncologist on the medical staff.

Hoang returned to Vietnam after completing chemotherapy in the fall and looks forward to more healthy years ahead.

"We're so thankful to the team at Methodist and to Dr. Buell for his expertise," Hoang says.

OFTEN UNDIAGNOSED

For years, Hoang lived with hepatitis C, a viral infection that inflames the liver and, in his case, eventually led to fibrosis, a buildup of scar tissue in the organ. Hoang's cancer was discovered after he suffered a stroke while vacationing abroad.

"We thought it might be my heart," Hoang says, "but then the scan came back showing a mass on my liver. The next day, they said it was cancer."

Jenny flew her father back home to have the surgery in the Dallas area, and they were referred to Dr. Buell at Methodist Richardson, who wanted to see Hoang right away.

OPEN AND HONEST

Treating the Vietnamese community is nothing new for Dr. Buell, who has visited the country during a medical mission and even met Vietnam's president once.

"The Vietnamese community is notoriously underserved, and there's often a hesitancy to seek medical care," he says. "That makes it so important to be completely open and honest."

Dr. Buell told Hoang that the tumor was too large to remove right away because there wouldn't be enough healthy liver left behind. Instead, the surgeon performed a novel procedure to divert the tumor's blood supply while also promoting growth in the rest of the organ.

"We did something unique where we blocked off the portal vein and the hepatic vein to the side with the tumor," Dr. Buell says, referring to the liver's two main sources of blood. "That allowed the good liver to grow quicker without his cancer spreading."

After that procedure in December, Hoang returned to Methodist Richardson in February 2024 to have the tumor and most of his liver removed.

"Dr. Buell did a very good job," Hoang says. "His staff was dedicated, and the surgery was thorough."

A LIFESAVING DISCOVERY

So thorough, in fact, that it led to another discovery: Hoang also had gallbladder cancer. That, too, was removed during a three-hour surgery performed by Dr. Buell and his



Jenny Huynh got her father back to the States and quickly found the right team to help him.

partner **Houssam Osman, MD**, hepatobiliary surgeon on the medical staff at Methodist Richardson.

"We were so fortunate to not only be able to cure the liver cancer," Dr. Buell says, "but also the gallbladder cancer, which is often fatal."

Now Hoang is looking forward to several more quality years with his loved ones, running the family restaurant and occasionally returning to his homeland.

It's all possible because he didn't surrender to the fear that he might share the fate of his mother, brother, and mother-in-law.

"We had to educate my dad about the surgery and tell him he should go for it," Jenny says. "He went from one doctor telling him he may only have six months to live to Dr. Buell giving him so much more."

At Methodist, we don't just focus on your cancer. We care for you as a whole person, from innovative technology to emotional support.



A silent danger

It's estimated that up to 7% of adults live with undiagnosed liver fibrosis, according to a *Lancet* study, because there are often no symptoms in its earliest stages, even after the disease progresses to cirrhosis.





BELOVED DIRECTOR AT PARK CITIES DAY SCHOOL BEATS BREAST CANCER

Inspired by her two sons and the families of the children in her care, Karol Fuget overcame a shocking diagnosis caught by a self-exam.

The inspiration Karol Fuget needed to battle breast cancer came from her two sons, as well as her adopted family at Park Cities Day School, the Montessori school she's led for 30 years.

First diagnosed in December 2023, Karol was on her way out the door to watch her younger son, Malex, graduate from Dallas Baptist University.

"I got to the graduation and watched my son wondering how I was going to tell him," says Karol, who lost her elder son to sickle cell anemia in 2016. "Chaz was a warrior."

Drawing on her love for both men, Karol would go on to beat her cancer thanks to the team at Methodist Dallas Medical Center.

"I tell anybody that I hope and pray they don't go through breast cancer, but if they do, Methodist is the best," she says.

SELF-EXAM LEADS TO DIAGNOSIS

But Karol deserves credit, too, because she caught the cancer when an initial mammogram could not.

"I felt a knot in the shower," says Karol, who was inspired to get a mammogram after that self-exam and a painful run-in with her car. "I hit my breast on the side mirror. It hurt."

After further self-examinations and advice from her co-workers, Karol went to an independent imaging center for 2D imaging.



DID YOU KNOW?

About 71% of breast cancers in women younger than 50 **are detected by the women themselves.**

Standard mammograms, or 2D imaging, take two flat X-rays of the breast from two angles, whereas 3D mammograms (also known as tomosynthesis) capture a more detailed view from multiple angles. While usually effective, 2D imaging can make detecting small tumors more challenging, especially in women with dense breast tissue.

"I did the 2D, and I asked the doctor, 'Is it cancer?' and he told me everything was fine," Karol says. "After a couple of weeks, I noticed there was a long indentation on my breast."

With the pain also lingering, Karol's primary care doctor referred her to **Danielle Jacobbe, DO**, breast surgeon on the medical staff at Methodist Dallas.

"Immediately on exam she had certain features that were indicative of an underlying breast cancer," Dr. Jacobbe said. "Even in light of her 2D mammograms, there was something insidious going on underneath."

FINDING STRENGTH TO FIGHT

Karol was diagnosed with stage 3, triple-positive breast cancer, so named because its growth is fueled by the hormones estrogen and progesterone, as well as a protein called HER2. Those self-exams were the key to discovering such an aggressive cancer before it reached stage 4.

"We know about 20% of breast cancers are self-diagnosed, but the scary number is about 10% to 15% of breast cancers are not showing up on mammograms," Dr. Jacobbe said. "That's what happened in Karol's case, and it's a scary number. It's something we don't talk about and why self-exam is so important."

Karol was no stranger to difficult diagnoses and drew strength from watching her son Chaz battle sickle cell anemia, a blood disorder that causes fatigue, infections, and tissue damage.

"He spent a lot of time in the hospital, probably four or five days out of a week," she says, "so I knew if he could do it while he was in pain then I had to fight this."

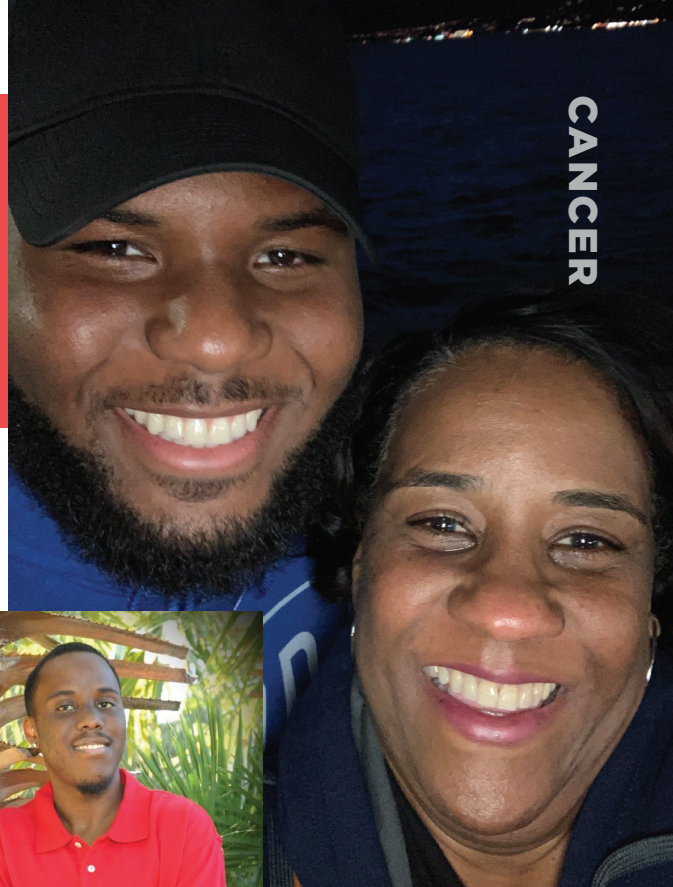
Karol had a lumpectomy to remove the tumor from her breast, a surgery that helps treat cancer while keeping most of the breast intact. After that, she began chemotherapy sessions every three weeks.

Her son Malex was there for each treatment, praying over his mom. Karol felt both of her sons were her source of strength, pushing her toward recovery.

"Chaz passed at 27 years old, and Malex was around 15 then, so Malex had to grow up really fast," she says. "I wanted him to know that I was going to beat this."



Chaz (left) passed away at age 27 but remains a guiding light for his brother, Malex, and his mother, Karol (shown above).



CANCER

CARING FOR OTHERS

After each chemotherapy session, Karol's main goal was getting to work the next day.

"I never miss work," says Karol, who considers her students and their parents to be her extended family. "I always tell my parents at the school that they're my children and their kids are my grandchildren."

Once they heard about Karol's diagnosis, parents at Park Cities Day School sent out letters to raise money for her treatment.

"The parents set the whole thing up and raised almost \$11,000 for me," she says. "All of that money went straight to the hospital treatments."

The support from family and friends allowed Karol to remain positive through the moments of fear. Now in remission, she's reminded of how lucky she truly is.

"I was nervous, but I never let anybody know because I think if you're negative it takes longer to heal," Karol said. "I was always smiling and laughing because I'm so blessed, and in the end, I knew God had me."

Watch Karol return to school and her beloved students after beating breast cancer with the help of everyone on her healthcare team.



Liver disease can affect us all, not just heavy drinkers

Nonalcoholic fatty liver disease is the most common liver problem, and it afflicts people who drink little to no alcohol

The most common disease affects the liver afflicts about 1 in 4 Americans, but too few people understand the risks of fatty liver disease.

“The presence of more than 5% to 10% fat of the liver’s weight causes inflammation, cell injury, and even cell death,” says **Ashwini Mehta, DO**, transplant hepatologist on the medical staff at Methodist Dallas Medical Center.

In many cases, alcohol abuse is to blame for this potentially life-threatening increase in fat content, but not always. Nonalcoholic fatty liver disease is the most common form of liver disease worldwide.

“About 1 in 5 people with this condition will get progressive fatty liver disease, which is commonly associated with obesity, type 2 diabetes, and high cholesterol,” Dr. Mehta says.

Here’s what else you should know about liver disease, which claims more than 50,000 American lives each year and about 2 million worldwide.

WHAT THE LIVER DOES

Weighing just over 3 pounds, the liver is the second largest organ after the skin and serves many functions that prove its worth as one of the body’s most important organs.

Among other functions, the liver filters bacteria and toxins from the blood, prevents infection, regulates blood clotting, and

stores sugars, minerals, nutrients, and fats — too much of which can lead to steatosis, or fatty liver disease.

“The liver converts the nutrients in our diets into substances that the body can use,” Dr. Mehta says.

Taking care of the organ is paramount to avoid early-stage liver disease and the conditions it can lead to, including:

- Hepatitis, or inflammation of the liver
- Fibrosis, when inflammation stiffens the liver
- Cirrhosis, when scar tissue replaces healthy tissue

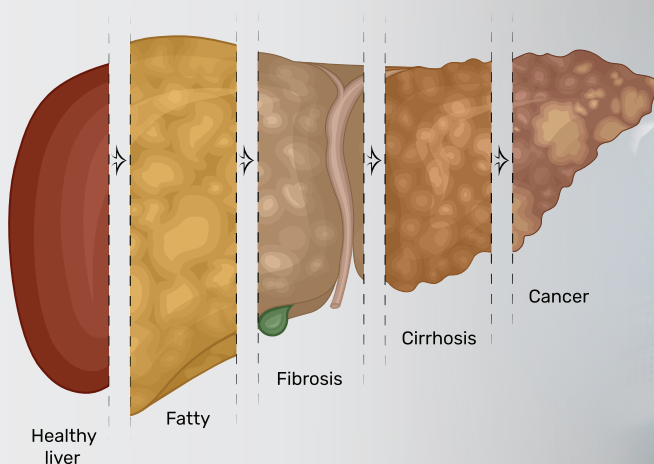
While hepatitis and fibrosis are reversible, cirrhosis is not and can cause liver failure or liver cancer, both of which could require a transplant. Although cirrhosis is often associated with alcohol abuse, many forms of liver disease can lead to late-stage liver disease, including nonalcoholic fatty liver disease.

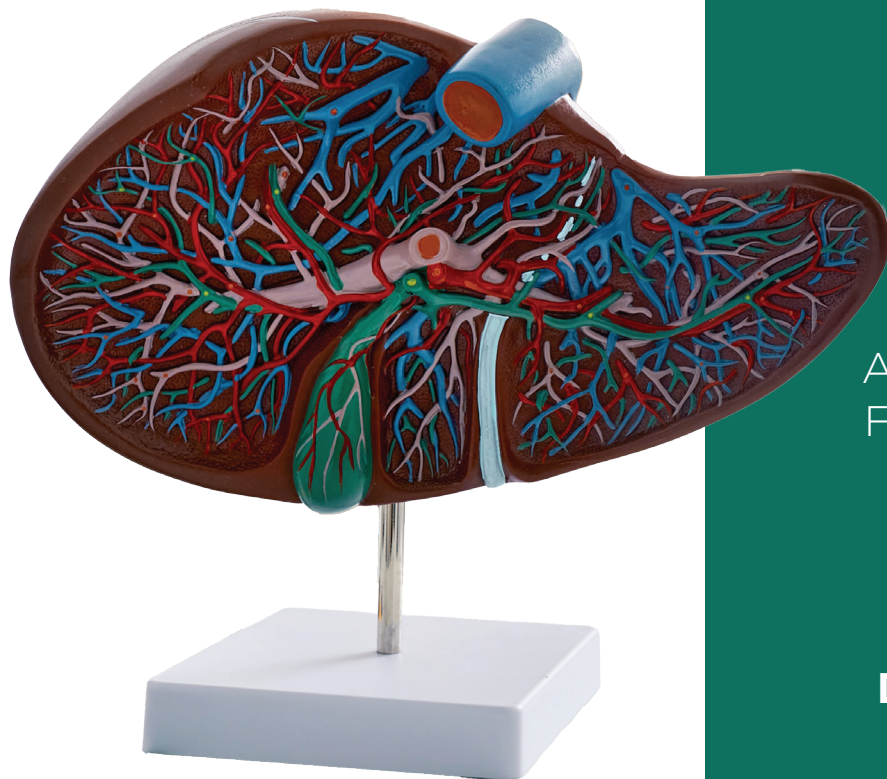
NONALCOHOLIC FATTY LIVER

Nonalcoholic fatty liver disease is defined by an increased buildup of fat that is not associated with excessive alcohol use.

Often diagnosed in people who are overweight or obese, this disease can be serious, but it’s preventable and treatable when caught in its early stages.

There are usually no symptoms, although patients may feel fatigued or have pain in their right upper belly.





ALCOHOL IS THE MOST
FREQUENTLY MISUSED
DRUG IN THE U.S.,
AND **15% OF PEOPLE
WITH ALCOHOL-
USE DISORDER WILL
DEVELOP CIRRHOSIS.**

— DR. ASHWINI MEHTA

But when it develops into hepatitis or cirrhosis, symptoms can include itchy skin, swelling of the legs and abdomen, and yellowing of the skin and eyes, sometimes known as adult jaundice.

“About 5% of the 83 million Americans living with fatty liver will develop hepatitis,” Dr. Mehta says. “And 2%, or 3.3 million, will progress to cirrhosis.”

Risk factors go beyond being overweight or obese and include diabetes, high cholesterol, sleep apnea, living a sedentary lifestyle, and genetics.

“Race also seems to play a role,” Dr. Mehta says, “with Hispanics most at risk, followed by Caucasians and Asians.”

ALCOHOLIC FATTY LIVER

Excessive alcohol intake can lead to an array of health problems, including stroke, high blood pressure, and damage to the heart and pancreas.

Alcohol use disorder is also the leading cause of liver disease in the U.S., and more specifically, alcoholic fatty liver disease.

“It’s the most frequently misused drug in the U.S.,” Dr. Mehta says, “and 15% of people with alcohol-use disorder will develop cirrhosis.”

Nearly two-thirds of American adults identify as moderate to excessive drinkers, and over 28 million men and women reported living with alcoholism in 2023, according to the National Survey on Drug Use and Health.

“Excessive drinking adds up to more than 14 drinks per week for men, and over seven drinks per week for women,” Dr. Mehta explains.

HOW TO REVERSE IT

There are many ways to keep your liver healthy and happy, such as staying current with age-related screening tests and checking your labs annually.

And if you’ve been diagnosed with fatty liver disease, reversing course involves making several lifestyle changes:

- Limit or avoid alcohol
- Lose weight
- Exercise regularly
- Limit intake of saturated and trans fats

Your diet is critical to preventing liver disease, so avoid foods that are high in added sugar, salt, refined carbohydrates, and saturated fat.

“Lean protein is a must,” Dr. Mehta says. “Choose chicken, fish, and plant-based proteins over red meat and fried foods.”

Finally, Dr. Mehta urges her patients to avoid taking herbal supplements because 20% of acute liver injury cases are caused by these unregulated pills.

“These cases can range from mild illnesses to liver failure, even requiring urgent transplant,” Dr. Mehta says. “Supplements are not regulated by the FDA, so their labels often have no meaning.”

**With decades of experience
and a patient-centered focus,
Methodist has built a national
reputation for transplant
excellence. Learn more.**



EMT SHRUGS OFF SURGERY TO TOUGH OUT TRAINING

Just weeks after having his appendix removed, this aspiring fireman beat the odds to finish his training.

Aspiring firefighter Noah Smith has dreamed of being a first responder for years, and not even appendicitis could extinguish a will to serve that's in his blood.

"I have a calling to be a first responder," says Noah, whose father has served as Midlothian's police chief since 2007. "I've always had a servant's heart."

Just weeks after having his appendix removed at Methodist Midlothian Medical Center, Noah beat the odds to finish his training regimen at the Joe Brown DeSoto Fire Academy.

"The instructors told me that several fire academy students had to deal with appendicitis over the years," the 22-year-old says, "but none had ever come back to finish the training after surgery."

Noah credits the team at Methodist Midlothian for helping him recover so quickly.

'NO EXCUSES' MINDSET

Like most appendicitis patients, Noah mistook his initial symptoms for indigestion and gutted out two days of rigorous training before seeking medical help.

"No excuses, that was kind of my mindset," he says.

The pain got the best of him when his class got ready to perform a "fire-team push-up."

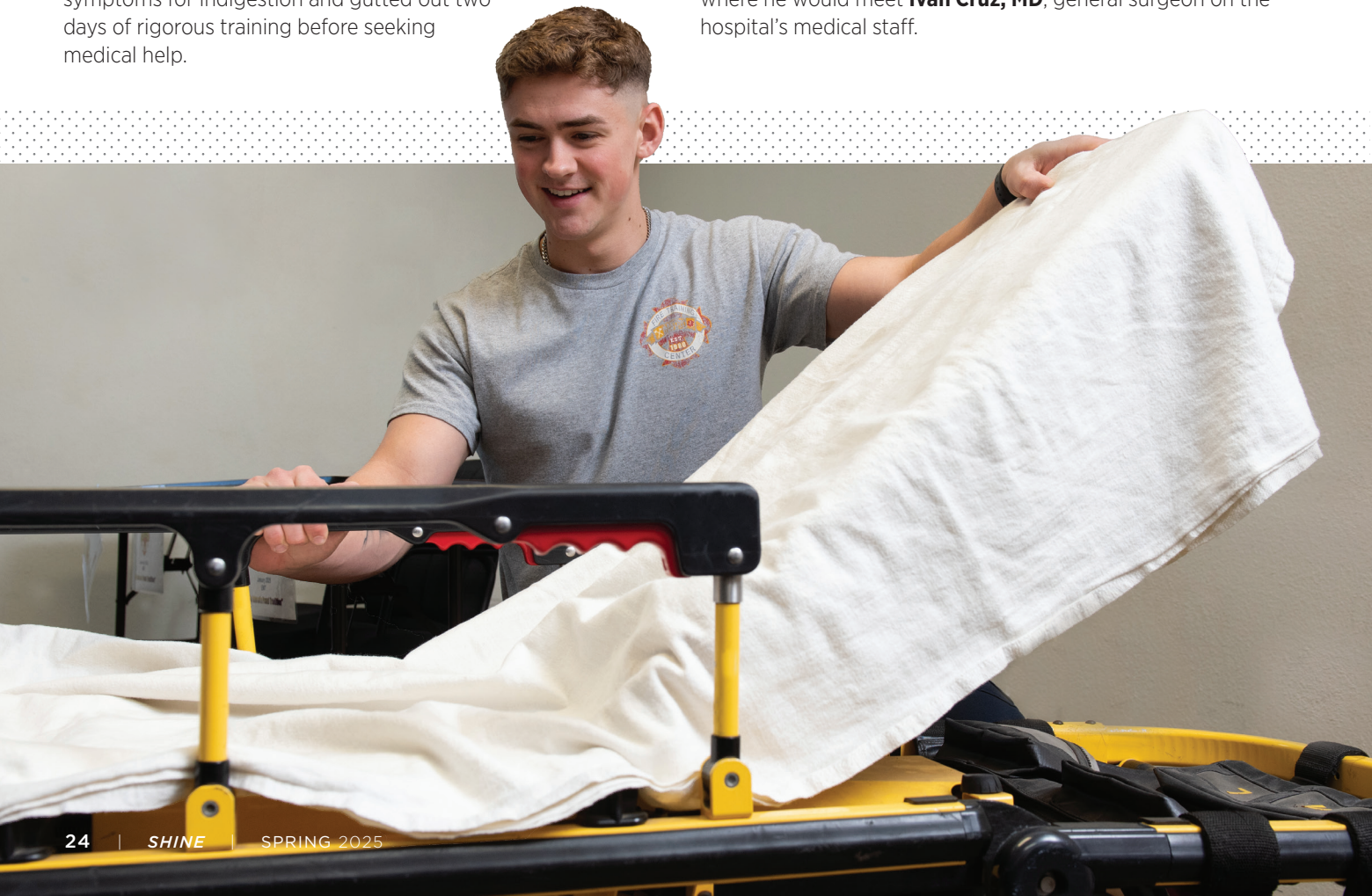
"It's a group effort: One guy puts his legs on the back of the next guy, who puts his legs on the back of the next guy and so on," Noah says, "and when I lay down, I knew something was wrong."

Trained as an emergency medical technician, Noah had a hunch about what was wrong and consulted his EMT training manual for the most common symptoms of an inflamed appendix: nausea, a loss of appetite, and abdominal pain that starts near the belly button and radiates to the lower right side.

"By the next morning, I was throwing up and hadn't had much of an appetite for 48 hours," he says. "That's when my mom made an appointment with the family doctor."

MINIMALLY INVASIVE

From there, Noah was sent straight to Methodist Midlothian, where he would meet **Ivan Cruz, MD**, general surgeon on the hospital's medical staff.



"He came to the ER with classic symptoms of appendicitis," Dr. Cruz says. "He was two days into his illness, but thankfully the appendix had not perforated or burst."

An appendectomy is a minimally invasive surgery performed laparoscopically and sometimes robotically through three small "keyhole" incisions. After the abdomen is pumped full of carbon dioxide gas, giving the surgeon room to maneuver, the inflamed organ is separated from the large intestine and removed.

"Patients bounce back very quickly," Dr. Cruz says. "Noah was in the middle of his training, wearing heavy gear and crawling through obstacle courses — the stuff you should avoid doing for three or four weeks after surgery."

That's because there's a risk of hernia after any surgery when putting too much stress on the abdominal muscles.

"For the first four weeks after surgery, I wasn't engaging in any of the heavy lifting or physical activity just because I really couldn't," Noah says. "Even now, after about four months, I can still feel it."

But he was determined to graduate with the rest of his training class in October.

'MIRACULOUS ENERGY'

Exactly a month after surgery, Noah rejoined his fellow trainees at the fire academy — but that first day got off to a rough start.

"About a quarter of the way through PT, I realized I was about to pass out," he says. "I was really frustrated because I thought I was ready for this."

The next day, however, was a different story, even though he was outfitted in his full "bunker gear," which can weigh from 25 pounds to twice that with a breathing apparatus.

"That was my first time being in full gear," he says. "I got through it thanks to some miraculous energy that came from I don't know where."

Dr. Cruz isn't surprised that Noah managed to complete his training.

"You can tell he's going to be good at his job," he says. "He's a young, tough guy, but also very nice and responsible. Serving people seems to run in the family."

READY TO SERVE

Noah was impressed by the service he received from Dr. Cruz and the rest of the team at Methodist Midlothian. It was his first surgery, so he admits to being out of sorts at first.

"I woke up and couldn't feel my legs because they had these cuffs on me," says Noah, describing the compression cuffs used to prevent blood clots after surgery. "I was ready to start throwing hands, but a nurse calmed me down pretty fast."

As an EMT and aspiring firefighter, Noah wasn't used to being on the other side, accepting help rather than delivering it. But he's grateful to have ended up at Methodist Midlothian so he could keep his dream on track.

"It's a testament to the care I got," he says. "I was very blessed by my built-in support — my buddies, my family, and my girlfriend and her family — as well as the support of the academy itself. I thank God for that."



Methodist Midlothian is proud to be among the top 5% of national healthcare providers delivering emergency care. Learn more.



VERTIGO AFTER TRIP TO DENTIST LEFT HIM IN A TAILSPIN

Dental surgery turned this school trustee's world topsy-turvy, but it wasn't a stroke, as he first feared



When a severe case of vertigo turned Gary Vineyard's world upside-down, he rushed to his hometown hospital to make sure he wasn't having a stroke.

"It felt like I was spinning even when my eyes were closed," says Gary, who got the help he needed five minutes from home at Methodist Midlothian Medical Center. "I couldn't even walk into the ER without my wife's help. They got me in immediately and put me under stroke protocol."

A series of tests would follow over the coming hours, during which the Midlothian ISD school board president and mainstay of the local Lions Club began to feel like himself again.

"It was a great thing to have Methodist Midlothian so close," Gary says. "I can't speak highly enough about the work they did."

INNER-EAR DISORDER

Turns out, it wasn't a stroke that caused Gary's vertigo but a rare form of involuntary eye movement known as rotary nystagmus — the result of dental surgery a few days earlier that threw off his balance.

"There was a lot of drilling involved," he says. "That apparently dislodged some crystals in my inner ear that work to regulate balance."

Gary would learn more about his condition under the care of **Paul Abrams, MD**, hospitalist and internal medicine physician on the medical staff at Methodist Midlothian.

"There are many possible causes of vertigo," Dr. Abrams says. "In Gary's case, it was an inner-ear disorder known as benign paroxysmal positional vertigo, or BPPV."

VESTIBULAR DISRUPTION

Patients with BPPV can feel like the room is spinning, Dr. Abrams explains, because of a disruption in the vestibular system, the fluid-filled canals and tiny hairs inside the ear that help our brains regulate balance and our sense of movement.

About 1 in 5 people who are evaluated for dizziness is diagnosed with BPPV, which can often be corrected with simple head exercises known as Epley maneuvers. But just because Gary's case was benign doesn't mean vertigo should be ignored.

"Especially in cases where there is no history of vertigo, it's incredibly important to seek medical attention ASAP to rule out stroke," Dr. Abrams says.

WORRISOME HISTORY

Family history can play a role in some neurological conditions, and Gary's late mother and grandmother were both on his mind when he visited Methodist Midlothian.

"My grandmother passed away from a stroke at 60," he says. "My mom passed away from a brain aneurysm at 60. So this sort of thing definitely gets my family's attention."

Gary would spend the night at Methodist Midlothian after several exams to ensure his condition didn't require critical neurological care.

"They kept me under their wing for the next 24 to 48 hours just to make sure nothing else was going on," he says. "Everyone did a fabulous job, the doctors, the nurses, just checking up on me all the time."

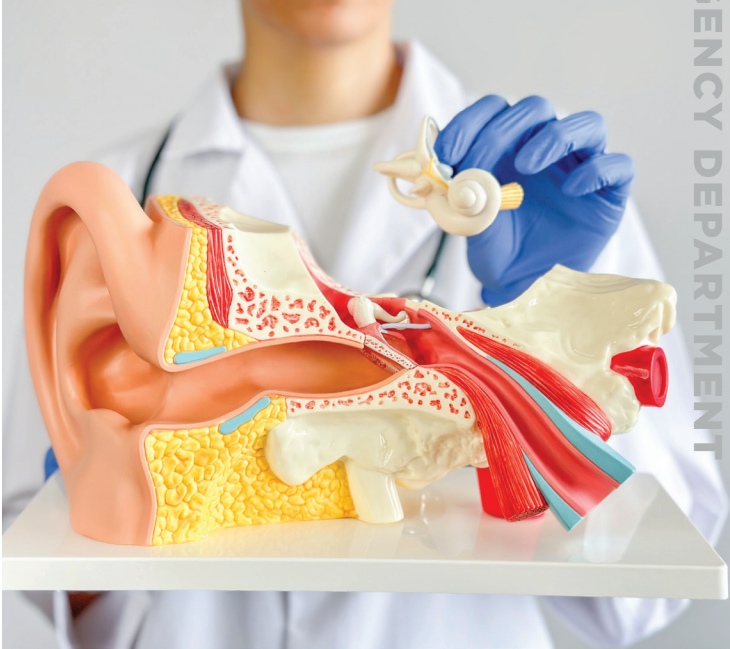
COMMUNITY PARTNERS

Having spent most of his life in Midlothian, Gary says that finally having a hospital so close at hand has been a godsend for the Ellis County community.

"The convenience of having Methodist here versus having to drive to Waxahachie and hope you're not waiting all day, that's been a very positive experience," he says.

As a longtime volunteer and a newly appointed district governor for the Lions Club, Gary also appreciates how service-minded Methodist Midlothian and its staff have proven to be.

"The hospital is very present in the community — they're not just waiting for people to come there," he says. "They're out there saying, 'We're here, and we're ready for you.' They've always given back."



The vestibular system, located inside the ear, sends signals to the brain to regulate balance.

Emergencies can't wait, and that's why Methodist Midlothian earned its designation as a Level IV Trauma Center. Learn more.



Gary serves as school board president in the same building where he attended L.A. Mills Elementary decades ago.

A large photograph of a man with white hair and glasses, seen from the back, playing a piano. The piano is a dark, polished instrument with gold lettering on the fallboard. The background is softly blurred, showing what appears to be a church interior with pews.

Being colon cancer-free is music to this survivor's ears



A lifelong vegetarian with a clean bill of health, Paul King believed he had nothing to lose by postponing his first colonoscopy until age 61 — when he was diagnosed with colon cancer

“I didn’t think it was a big deal one way or another,” says the Dallas accountant, now 62. “Then I was told I could die.”

Now cancer-free after surgeries at Methodist Charlton Medical Center, Paul recognizes that his first colorectal screening came about 16 years late, according to the latest guidelines from the American Cancer Society.

He also understands that there are many risk factors beyond eating red meat that could have played a role in his diagnosis, including his sedentary career as an accountant who spent much of the last 40 years sitting at a desk preparing financial records.

“I can’t be quiet about what’s happened to me because it’s that important,” says Paul, the son of a Christian preacher who often plays piano at his DeSoto church. He thanks God and the staff at Methodist Charlton for saving him. “This is a great hospital.”

PUTTING OFF SCREENING

Paul had twice postponed his colonoscopy before learning last winter that he had a 2-inch-wide tumor inside his large intestine. By then he was 61 and many years past due for a colorectal cancer screening.

Colorectal cancer screenings at a glance

According to the American Cancer Society:

- Adults at average risk for colorectal cancer should begin regular screenings at age 45.
- People at increased or high risk may need to start screenings earlier.

You have increased or high risk of colorectal cancer if you have:

- A family history of colorectal cancer or polyps
- A personal history of colorectal cancer or polyps
- Certain inherited genetic syndromes, such as Lynch syndrome
- Inflammatory bowel disease
- Prior radiation treatment to your abdomen



CANCER

During a colonoscopy, doctors can remove polyps that can turn into cancer.

With diagnoses of “early age colon cancer” doubling since the 1990s, the American Cancer Society now recommends that patients get screened for colorectal cancer starting at age 45, five years earlier than before. A colonoscopy can detect precancerous polyps, small clumps of cells that grow in the lining of the colon.

“Paul’s cancer could have been prevented if we caught it at a polyp phase when it could be removed during a colonoscopy,” says **Paul Hackett, MD**, colorectal surgeon on the medical staff at Methodist Charlton.

Even so, the cancer was caught early enough to eliminate the need for chemotherapy, and Dr. Hackett was able to remove the tumor and most of Paul’s large intestine in a robotic-assisted colectomy on Jan. 12, 2023.

“He also harvested 38 lymph nodes to make sure the cancer had not spread. That’s pretty significant,” Paul says. “And not one lymph node had cancer in it. Not one, praise God.”

HEALTHIER THAN EVER

Following his discharge, Paul went home inspired to make some lifestyle changes.

While patients like him usually have limited activity for the first six weeks after surgery, Paul maximized his recovery time before returning to work by walking every morning.

“I was walking up to 20,000 steps a day, and that is about eight to 12 miles,” Paul says. “I wanted to see if I could really do it.”

The positive impact of that new fitness regimen was readily apparent to Paul’s doctor.

“He came back toward the end of the six-week mark, and he was in really good shape,” Dr. Hackett says.

Once Paul was assured he wasn’t pushing his body too far, the walking continued, and he became healthier than ever in the process.

“He followed the plan for the pathway of the surgery and has done well,” Dr. Hackett says.

SPREADING THE WORD

Now several months removed from surgery, Paul has gotten back to his normal routine. He also has a newfound appreciation for life and the people who helped save his, including Dr. Hackett and his team at Methodist Charlton.

“He’s one of my best friends because of how much he cares,” Paul says. “All these people were super nice to me.”

As a man of faith, Paul says his relationship with God stabilized him throughout his journey, as did his wife, Lindy, and members of his church. He shows his gratitude by sharing his good news and playing the piano at the DeSoto Seventh-day Adventist Church.

“I didn’t beat cancer alone; I was healed by divine providence,” he says. “It meant so much on the day of my surgery to have my wife of 41 years with me, as well as our youngest son, Matthew, our pastor, and very dear church friends we count as family.”

Paul also credits the team at Methodist Charlton for the compassionate, quality care he received.

“Everybody treated me like a king,” Paul says, singling out the food service staff in particular. “I will never forget those people.”

Take our free colon health risk assessment to learn more about your risk and to take action to prevent future complications.



EXPERT ADVICE TO LIVE A LONG LIFE: ‘FOOD IS MEDICINE’

No nutrition plan is a surefire fountain of youth, but some diets are more proven than others to sustain our health over the long run.



If you want to live to a ripe old age, one of the most important things you can do is to eat like a long and healthy life depends on it.

“Food is medicine,” says **Lisa Maehara, DO**, family medicine specialist on the medical staff at Methodist Southlake Medical Center. “Diets that promote a healthy lifestyle — not necessarily the latest dieting fad — are key to preventing many of the chronic metabolic issues I see in the clinic, such as diabetes and high blood pressure, along with helping in weight management.”

Research continues to show that some eating patterns can promote longevity by staving off chronic health problems as we age.

“Clinicians should work with individuals to determine the healthiest diet based on the patient’s medical conditions along with their personal preferences,” Dr. Maehara says.

WHICH DIET TO CHOOSE

Although there’s no single definition of a “healthy” diet, research has found that following certain guidelines can lead to a lower risk of premature death from chronic disease.

“The Mediterranean diet has been connected to a reduction in heart attacks and strokes, as well as a reduction in incidence of dementia and certain cancers,” Dr. Maehara says.

While eating patterns aren’t guaranteed to prevent disease, health benefits are possible following a mostly vegetarian diet or even Dietary Approaches to Stop Hypertension (DASH), a diet tailored to lowering blood pressure.

“The DASH diet is comprised of four to five servings of fruit, four to five servings of vegetables, and two to three servings of low-fat dairy per day, with less than 25% of daily caloric intake from fat,” Dr. Maehara says. “It has been shown that this low-sodium diet actually lowers the risk of colorectal cancer, cardiovascular disease, premature aging, and gout in men.”

A healthy eating plan also includes the beverages you



drink. Limiting consumption of sodas and other high-calorie, high-sugar beverages is associated with lower rates of chronic disease. Moderate or reduced alcohol consumption is also crucial for a healthy heart and brain as you age.

MORE PLANTS, LESS MEAT

Every diet that may promote longevity has one thing in common: Fresh fruits, vegetables, whole grains, and legumes such as beans are emphasized, while red meats, processed foods, and unhealthy fats are limited.

“A well-balanced diet is key for best results overall,” Dr. Maehara says. “While plant-based diets have been shown to improve many health outcomes, it is also important to incorporate whole grains, such as brown rice, whole-wheat bread, whole-grain cereal, and oatmeal.”

Eating a plant-based diet doesn’t mean you have to go completely vegetarian. Although specific guidelines vary by age, sex, and activity level, in general, you should aim to eat:

- **Ample fruits and vegetables.** Avocados, berries, and dark leafy greens are excellent choices for good health.
- **Bone-strengthening calcium and vitamin D.** In addition to dairy sources, leafy greens, fish, and eggs are great choices. Sunlight exposes you to vitamin D, too.
- **More whole than refined grains.** The dietary fiber in whole grains can protect against diabetes and heart disease.
- **Plenty of protein.** Figure half a gram of protein per pound of body weight, and try to make at least one of your daily protein servings from a plant-based source such as tofu, beans, or nuts.

FOCUS ON HEALTHY FATS

Monounsaturated and polyunsaturated fats, also known as “good” fats, are an important part of a healthy diet and can lower heart disease risk by maintaining a healthy cholesterol level.

“One study showed that when individuals replaced their saturated fat products with polyunsaturated fat products, it reduced their risk of coronary artery disease by 29%,” Dr. Maehara says. “Certain cooking oils such as olive, canola, and peanut are good sources of polyunsaturated and monounsaturated fats. So are avocados, certain nuts, and fatty fish.”

Avoid trans fats, found in processed foods with partially hydrogenated oil, and limit saturated fats, which are found in red meat, full-fat dairy products, coconut oil, and palm oil. These types of fats can increase your cholesterol levels, which can hurt your heart.

“Saturated fat should make up no more than 10% of total caloric intake, according to the Dietary Guidelines for Americans,” Dr. Maehara says.



INDULGE — IN MODERATION

As a rule, a healthy diet should limit alcohol, red meat, food high in added sugar or sodium, and ultra-processed foods, which are also often high in sugar or sodium. But no matter how long you live, life is still short.

“Yes, it is fine to indulge once in a while,” Dr. Maehara says.

Occasionally indulging in your favorite snack, glass of wine or cocktail, or ice cream won’t derail your diet. It can also be hard to stick to a healthy eating plan if you never let yourself have a treat. The key is moderation. “Moderation is absolutely necessary in order to maintain a healthy lifestyle,” Dr. Maehara says. “These types of foods cannot be the staple in one’s diet.”

Consulting a registered dietitian may help you develop an eating plan that works with your health concerns, lifestyle, cooking skills, and budget. If you have certain health conditions, such as diabetes or heart disease, your consultation may even be covered by insurance, making it easier to take charge of your health and build lasting, healthy habits.



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