SHINE

AMARILLO WOMAN TRAVELS TO DALLAS FOR

DOUBLE TRANSPLANT

TEACHER BEATS COLORECTAL CANCER **AT EARLY AGE**

Methodist DALLAS MEDICAL CENTER

YOUR HEALTHY LIVING MAGAZINE | **FALL 2025**

SHINE

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Methodist HEALTH SYSTEM

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VIDEO:
Her daughter overcame coma to attend college

SOLUTIONS ABOUND TO TAME AN

OVERACTIVE BLADDER

Doctors can offer relief, from medications to 'bladder Botox'

OVERACTIVE BLADDER MAY be common among older adults, but it's not an inevitable burden of aging, and there are many solutions, from medications to "bladder Botox."

"This affects up to 30% of older men and 40% of women, but it's not a normal part of aging," says **Michelle McDonald, MD**, urologist on the medical staff at Methodist Dallas Medical Center. "There are treatments for this that can improve your quality of life."

There are three main symptoms of an overactive bladder: frequency, urgency, and incontinence, or losing control over urination. But what does frequent mean exactly?

"If you're urinating more than eight times per day, that's considered frequent," Dr. McDonald says.

Dr. McDonald talked about the many causes and treatments available for overactive bladder with a group from Methodist Generations, an education and enrichment program for older adults.

HOW DRUGS CAN HELP

Drugs to treat overactive bladder tend to fall into two categories: anti-muscarinics, which block the bladder from contracting, and beta-3 agonists like mirabegron and vibegron, which cause the bladder to relax.

"About 50% of the patients I prescribe these medications to will stop taking them due to the side effects," Dr. McDonald says. "That's why I prefer the beta-3 agonists."

BOTOX FOR THE BLADDER?

There are alternatives for patients who prefer a longer-term solution without the potential side effects of medication. One of the most effective procedures is "bladder Botox," Dr. McDonald says.

"I love bladder Botox," she says. "The same Botox you think of for wrinkles can be used inside the bladder to freeze the muscles. This is a great option that many people don't know about."

BLADDER 'PACEMAKER'

Patients can also benefit from devices that stimulate different nerves in the body: either the tibial nerve in the ankle or the sacral nerve in the pelvis.

"Sacral neuromodulation is the more effective of the two," Dr. McDonald says. "Think of it as a bladder pacemaker."

Dr. McDonald notes that an overactive bladder is "purely a quality of life issue," so if a patient can bear the symptoms, they aren't putting their health at risk by ignoring it.

"Just know that if you don't want to live like that, you don't have to," she says.

Methodist Dallas is one of the few hospitals in North Texas to offer an implant to relieve overactive bladder. Learn more.

NEW MOM **BATTLES BREAST CANCER,** DIAGNOSED AT AGE 29

This Lancaster woman had just given birth when she was diagnosed with breast cancer: It was a shock but "nothing that I couldn't handle"

Just as Kiana Hill was embracing motherhood and a new career, she got a life-changing wake-up call at age 29 — breast cancer.

"I was asleep, and I turned over and felt something on my left side," Kiana says. "I did the self-breast exam and felt the lump."

This shocking discovery set the Lancaster mom on a path to Methodist Charlton Medical Center, where a team of doctors would help her heal.

"Everyone at Methodist Charlton is great," Kiana says. "I haven't had one bad experience with them on this little journey of mine."

But she's not on this journey alone: Kiana relies on her family — and she lives for her 2-year-old daughter, Zoe.

"She's the reason why I did fight, am still fighting, and will fight as long as I have to," she says.

EARLY-ONSET BREAST CANCER

While breast cancer is less common in women Kiana's age, it's not rare: about 1 in 10 cases are considered "early onset." Also, recent research suggests these cases are on the rise, especially among African-American women.

Black women between 20 and 29 have a 53% higher risk than their white peers, according to a 2023 study.

Family history can play a role, but Kiana tested negative for the gene that caused her grandmother's breast cancer. So it's unclear why she developed breast cancer more than a decade before most women have their first mammogram.

Reflecting on the moment she discovered the lump in January 2024, Kiana vividly recalls wasting no time in scheduling an appointment with her doctor, **Tiffany Woodus, MD**, OB-GYN on the medical staff at Methodist Charlton. She was seen the next day.

Black women ages 20 to 29 have a **53% higher risk** of breast cancer than their white peers, according to a 2023 study.

"Every time Kiana walks into my office, she's always optimistic. You kind of have to pull complaints out of her," Dr. Woodus says. "So when she came in and said that she felt something, I knew I needed to pay attention."

Dr. Woodus started with a breast ultrasound, which can offer better results for younger women, whose breast tissue usually contains less fat. This density sometimes makes mammograms less effective for clear imaging. A mammogram and biopsy were then performed on separate visits to ensure Kiana got the most accurate diagnosis.

"I never make assumptions," Dr. Woodus says, "especially when a patient comes in and tells me that they have felt something different because I believe they are the experts of their body."

The biopsy confirmed what Kiana believed to be true.

"Dr. Woodus called me and said, 'I'm sorry to tell you, but you have breast cancer,'" says Kiana, who had to quit her new job at a call center. "Eventually I cried but not at that moment. It was a shock and scary but nothing I couldn't handle."

UP FIRST: 8 ROUNDS OF CHEMO

Kiana was diagnosed with stage 2 lymph node-positive breast cancer, where cancer cells spread from the original tumor to one or more nearby lymph nodes, typically located in or around the armpit.

"When she was originally diagnosed, she had a lymph node-positive disease, so she started treatment with neoadjuvant chemotherapy in an attempt to downstage the breast cancer and minimize the extent of surgery," says **Danielle Jacobbe, DO**, breast surgeon on the medical staff at Methodist Charlton.

Neoadjuvant chemotherapy is a way to shrink cancerous tumors before beginning other treatments. This can help improve surgical options by making surgery less extensive.

Once Kiana heard the plan, she was ready to get the process started.

"I was like, 'OK, what are the next steps?'" she says. "I've heard a lot of things about chemo and radiation, but the scariest part to think about was losing my hair."

Having recently grown out her hair to long locks, Kiana couldn't imagine losing them. That's why it was a big decision for her to cut it off.

"I believe hair holds trauma, so I wanted to go ahead and get rid of it," Kiana says. "I took the initiative to just go ahead and start the process."

A REASON TO FIGHT

After her chemotherapy treatment, Kiana had both breasts removed, as well as the lymph nodes in and around her left armpit.

Her doctors chose this approach, in consultation with Kiana, to reduce the need for future imaging and minimize the risk of a second breast cancer.

"I struggle with anxiety, so it was kind of hard," Kiana says. "At the same time, I constantly tell myself you're going to be fine. You're covered. Pray about it."

Kiana has had a strong support system throughout her frequent chemotherapy treatments and radiation therapies. Her mom, KaTonya, and her dad, sister, and grandma have been by her side at every appointment, while her younger brother, Greg, keeps her spirits high with his sense of humor.

But the biggest person in Kiana's life comes in the smallest package — her daughter.

"Zoe is my best friend," Kiana said. "I want to be there for her."

Kiana completed her final radiation treatment at the end of January and is now preparing for hormone therapy to decrease the risk of cancer developing.

As she nears the end of her treatment, Kiana is focused on staying positive, indulging in self-care, and setting a good example for her daughter.

"Anything can be thrown at you, but how you handle it is what will get you through the journey," Kiana says. "I want Zoe to know that she's strong, and no matter what the situation is, you can do it. That's my takeaway from this experience."

Watch Kiana share her inspiring story about overcoming cancer for her daughter on ShineOnlineHealth.com.

At just 2 years old, Zoe is Kiana's biggest source of inspiration.

DOUBLE TRANSPLANT SAVES AMARILLO WOMAN

Panhandle native travels 300 miles to Dallas for a complex kidney-pancreas transplant that she had been waiting for since 2018

Diagnosed with type 1 diabetes at age 11, Ivy Terry never talked about her disease until her kidneys started shutting down in her 30s.

"I was embarrassed about having diabetes," says the 37-year-old Amarillo native. "I didn't want to be different."

As Ivy inched closer toward kidney failure, she was placed on a transplant list for both a kidney and pancreas. She was notified five times when possible matches were identified, but they all ultimately ended in disappointment.

Then a sixth call came from Methodist Dallas Medical Center, following six years of dialysis, and this time it felt different.

"I had my bag packed for months," Ivy recalls, laughing. "I didn't want to get my hopes up, but this one just felt right."

In August 2024, Ivy flew to Dallas to receive a lifesaving transplant. She was 300 miles from Amarillo — but somehow not all that far from home.

"It just felt like home," she says of the hospital. "Even from the first appointments, I knew I wanted my transplant to be there."

TRICKY TRANSPLANT

Ivy was one of about 100,000 Americans who need a kidney transplant, nearly 10,000 of them in Texas, according to the Texas Department of State Health Services.

That number doesn't just represent a statistic; it's a daily reality of dialysis, doctors' visits, and dreams deferred.

In Ivy's case, she also needed a new pancreas because her diabetes was type 1. Finding a donor kidney was tough enough, but a dual transplant made the match especially tricky.

By her mid-30s, Ivy's condition was deteriorating rapidly, with her kidneys working at only 13%.

"I felt full all the time, exhausted, gaining weight without reason," she says.

Dialysis became part of her everyday life, sometimes administered in a clinic, sometimes at home with the help of her husband, Tyler.

"I wouldn't have made it without him," she says of the man she married in 2018, shortly after doctors diagnosed her with end-stage renal disease.

Ivy could always talk to Tyler, but as her health journey progressed, she began sharing her journey online, building a community of encouragement.

"I didn't want to hide anymore," she says. "I knew my story could help someone."

A PERFECT MATCH

On the day Ivy finally got "the call" last summer, just making it to Dallas was tricky. The family's flight was grounded due to weather delays, and Ivy began to wonder if a storm cloud was following her.

"Maybe I am the storm," she told her mom with a smirk as they sat waiting at the terminal in Amarillo.

But the clouds parted when she again saw her doctor in Dallas: **Christie Gooden, MD, MPH**, transplant surgeon on the staff at Methodist Dallas.

"I met Dr. Gooden a few times when previous matches didn't work," she recalls. "Every time she left the room, I'd say to myself, 'I want her to be the one.' You just feel safe with her."

Ivy got her wish when Dr. Gooden performed a simultaneous kidney-pancreas transplant, a complex, six-hour procedure.

"When we transplant both organs, the pancreas comes first," Dr. Gooden explains. "Ivy's pancreas began working immediately. By the time we finished placing the kidney, her blood sugar had dropped to normal."

Ivy's new pancreas worked so well that doctors had to give her glucose during surgery because her blood sugar had dropped so low.

"I hadn't had a normal blood sugar in years," Ivy says. "To wake up and hear that everything was working perfectly, it was almost hard to believe."

FREE FROM DIALYSIS

Ivy spent five days in the hospital, but she was up and walking within 24 hours.

"I told myself, if I get this transplant, I'm going to do everything to heal," she says, smiling from ear to ear. "And I did."

She named her new organs "Thunder and Lightning," a nod to that storm-delayed flight and her renewed strength.

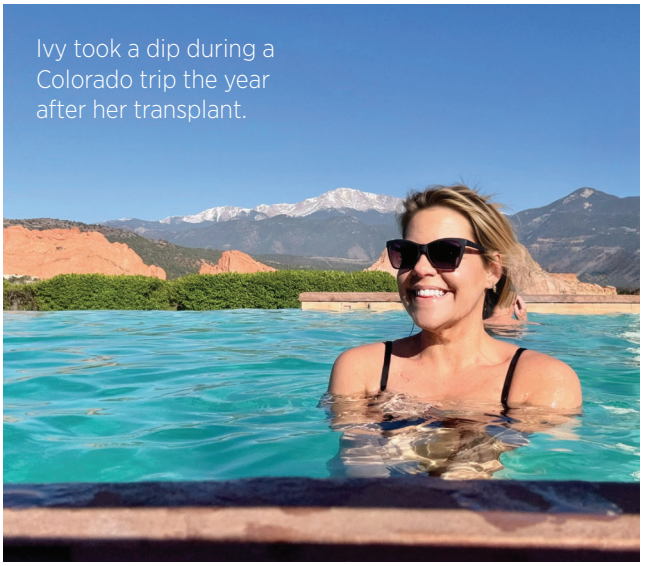
The transplant offered Ivy more than physical healing; it gave her emotional freedom, too.

"I used to take my blood sugar 10 times a day," she says. "Now, once a week. No insulin. No dialysis. I never thought I'd live this free."

She's embracing life again, working out, traveling, and even swimming for the first time in years.

Her care team sees the change, as well.

"Ivy is thriving now," Dr. Gooden says, recalling the roller-coaster ride she and Ivy shared over the years. "We went through the heartbreak together. So when it finally worked out, we were hugging. It was pure joy."



Ivy took a dip during a Colorado trip the year after her transplant.

MESSAGE OF GRATITUDE

Through it all, Ivy formed deep bonds, not just with Dr. Gooden, but with her nurses, social workers, and nephrologist back home in Amarillo.

"One of my nurses was like sunshine walking in the room," she says. "And Dr. Gooden, she's like family now. She has magic hands."

Ivy also knows none of it would be possible without her donor.

"If I could meet my donor, I'd hug his neck and thank him," she says through tears. "He's a hero."

Ivy hopes her story inspires others to consider organ donation.

"That one kidney you donate, it can give someone their life back," she says. "And if you're ever offered the chance to be a donor, please take it. You could be someone's miracle."

Watch Ivy share her story on ShineOnlineHealth.com.

Ivy counted on her husband Tyler's help through six years on dialysis.

> IF YOU'RE EVER OFFERED THE CHANCE TO BE A DONOR, PLEASE TAKE IT. **YOU COULD BE SOMEONE'S MIRACLE.**
>
> — **IVY TERRY,** WHO RECEIVED A LIFESAVING KIDNEY-PANCREAS TRANSPLANT AT METHODIST DALLAS MEDICAL CENTER

6 NONSURGICAL TREATMENTS TO RELIEVE OSTEOARTHRITIS PAIN

When the condition is diagnosed early, there are several alternatives, including physical therapy and lifestyle changes

Osteoarthritis often begins with a twinge in the knee, hip, or shoulder and sometimes ends with an artificial joint in our 60s or 70s.

But surgery isn't the only option, especially when the condition is diagnosed early, before the joint breaks down completely, triggering a cascade of other chronic conditions.

"Osteoarthritis can lead to leg weakness and weight gain, and it can potentially worsen other medical conditions like diabetes and heart disease," says **Atinuke Aluko, MD**, rheumatologist on the medical staff at Methodist Richardson Medical Center. "It's a vicious cycle that can also affect mental health."

CRUNCHING THE NUMBERS

Nearly 33 million Americans suffer from osteoarthritis — that's 1 in 10 U.S. adults — and they spend thousands of dollars a year on prescription drugs and other medical care. If they opt to have a joint replaced, that figure soars to tens of thousands of dollars, so finding a more conservative treatment often leads patients to specialists like Dr. Aluko.

"Osteoarthritis can affect everybody," she says. "That makes it a little bit different from some diseases where it's more common in certain age groups or men versus women."

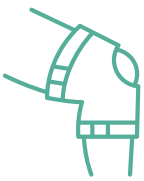
Dr. Aluko talked about osteoarthritis with a group from Methodist Generations, an education and enrichment program for older adults.

1. Lifestyle changes

Osteoarthritis occurs when repetitive motion or an injury damages the cartilage that connects and pads the ends of our bones. When there's extra weight on those joints, the damage is compounded, and inflammation associated with obesity can worsen the pain. That makes losing excess weight through diet and exercise so important, Dr. Aluko says. Even losing a few pounds can provide major relief from joint pain.

2. Assistive devices

The effects of osteoarthritis can often be mitigated by wearing a brace or a splint on a joint that needs extra stability. Rheumatologists like Dr. Aluko may prescribe a knee brace to help a patient feel more confident. Sometimes, a doctor may suggest the temporary use of a cane or walker to avoid a fall, especially for older people with arthritis who are at higher risk for fractures.



3. Pain medication

Medication may be the most common treatment to relieve arthritis pain, and there are many options to consider, both over the counter and with a doctor's prescription. Dr. Aluko sometimes prescribes the anti-depressant duloxetine to tackle both pain and anxiety associated with osteoarthritis. Of all the over-the-counter options, acetaminophen is her favorite.

"I like acetaminophen a lot," she says. "It may not work as well as ibuprofen or naproxen sodium, for example, but as we get older, I worry about kidney disease with those pain relievers. Acetaminophen you can use every day."

Salves and ointments are another option, whether they feature conventional ingredients or capsaicin, which uses the chemicals that make peppers hot to block pain signals to the brain.

Nearly 33 million Americans suffer from osteoarthritis — **that's 1 in 10 U.S. adults.**

4. Physical and occupational therapy

Most of us are familiar with physical therapy, which Dr. Aluko refers to as "supervised exercise." A physical therapist can help set limits and determine what kinds of physical activity can provide the most relief when everything seems to hurt. Occupational therapy is different because it focuses on the arms and hands, the joints often hardest hit by osteoarthritis.

"An occupational therapist can help audit your lifestyle and your home," Dr. Aluko says. "They can come up with devices that can help, custom-made for you."

5. Stress management

The toll that arthritis takes on mental health is too often overlooked, Dr. Aluko says. She recommends mindfulness exercises like deep-breathing meditation or even tai chi, which can also help with balance and strength training. And when joint pain makes it tough to enjoy life, she says, it may be time to consult a therapist.

"Sometimes talk therapy is really important to help get over some of the feelings of hopelessness," she says.

6. Steroid injections

When other drugs fail, doctors may prescribe a steroid shot directly to the joint. These injections are most effective in large joints like the knee and shoulder, but they can also provide relief to the carpometacarpal (CMC) joint at the base of thumb.

"I have patients who come back every three months to get them because in that time they have the quality of life that they're looking for, and it's worth it," Dr. Aluko says.

THE LONG GAME

With osteoarthritis, restoring that quality of life is the primary goal, while also preventing the disease's progression and heading off other chronic diseases it can lead to, from diabetes to heart disease.

"Eventually, an orthopedic surgeon can also help," Dr. Aluko says, "but my first step with patients is to get their story and determine whether more conservative treatments can give that story a happy ending."

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

Couple goes extra ‘Miles’ for their ‘miracle baby’

After putting infertility issues behind them, father runs a 5K at hospital to celebrate

After an upsetting diagnosis, Jessica Farrah knew her chances of conceiving were slim to none, so giving birth at Methodist Mansfield Medical Center was a blessing she and her husband never expected.

“He was a miracle baby,” Michael Farrah says of baby Miles, who was born in October 2024. “I was pretty much resigned to the fact that we probably wouldn’t be able to have a baby when Jessica unexpectedly got pregnant without taking any fertility measures.”

The couple decided to have their baby at Methodist Mansfield because it was close to home and they had both heard glowing reports about the hospital’s labor and delivery unit.

“Everything I read turned out to be true,” Jessica says. “The nurses were awesome. I don’t think I’d have made it through the delivery without the nurses.”

But it’s Miles’ existence that still has his parents in awe.

‘DON’T GET EXCITED’

Two years ago, at age 29, Jessica was experiencing night sweats and hot flashes, typical symptoms of menopause.

That led to a diagnosis of primary ovarian insufficiency (POI), a condition in which the ovaries stop functioning normally. Doctors told the couple that their chances of having a baby were slim.

So when Jessica missed a period in February 2024, she wasn’t about to get overexcited that she might be pregnant. After all, her doctor had said a missed period was normal after she began hormone replacement therapy, a common treatment because POI also causes low estrogen levels.

But her breasts were tender, she was hungry all the time, and her nightly glass of wine didn’t taste good at all. So she took another pregnancy test in late March, and sure enough, it was positive, along with three more tests after that.

"I just had a hunch," says Jessica, who lives in Mansfield. "I had some tests at home because I'd taken them before and they were always negative. I took one that day, and it said positive. I wasn't sure I was reading it correctly, so I took another one. It was positive, too."

Four tests, four positive results. But she cautioned Michael, "Don't get excited."

Turns out, excited is exactly what they got when a sonogram confirmed what they'd been afraid to believe: Jessica was pregnant.

The couple decided to have their baby at Methodist Mansfield because **it was close to home and they had both heard glowing reports about the hospital's labor and delivery unit.**

BEATING THE ODDS

After a glowing referral from Michael's sister, Jessica chose to be cared for by **Heather Gardow, MD**, OB-GYN on the medical staff at Methodist Mansfield.

"She's a lovely person and I was very happy to take care of her," says Dr. Gardow, who initially saw Jessica when she was just past her first trimester. "With her condition, even though a lot of times the ovaries aren't working, they can still randomly work every now and then."

The chances of ovulating are only 4%, Dr. Gardow added, and ovulating doesn't always lead to pregnancy.

That made baby Miles' birth a cause for celebration, and his athletic father found just the way to pay tribute to the way his son had beaten the odds.

Miles was just 2 days old and still in the hospital with Jessica when Michael ran his first race as a father. He had shown Jessica a flier for the 10th annual Methodist Mansfield Run With Heart, and she told him he should run for Miles.

"Jessica painted 'Miles 4 Miles' on my back with body paint," Michael says. "As I was running, I was thinking about how much my life had changed in the last 24 hours. I grew up in a big family and always wanted children."

'FELT TAKEN CARE OF'

Miles' birth was also a gift to Michael's family, who had recently lost his uncle. His funeral had taken place the day before Jessica took her pregnancy tests.

"Finding out we were pregnant with Miles was really uplifting and gave everyone something to look forward to," Jessica says.

When she and Michael look back on her pregnancy and the birth of their son, the care they received at Methodist Mansfield is one of the highlights.

"I loved seeing the same faces every time I went to my appointments," Jessica says. "I felt so taken care of."

From first-time moms to high-risk pregnancies, Methodist delivers family-oriented support every step of the way. Learn more.

TALES FROM AN ER DOC:

KNOWING WHEN TO COME IN

While some emergencies are unavoidable, sudden symptoms should not be ignored

TV DRAMAS HAVE a tendency to show us the worst-case scenarios from hospital emergency rooms, but it's the routine reality of ER visits that offer cautionary tales for us all. While some emergencies are unavoidable — think heart attacks, strokes, and traumatic injuries — we can all take a few more precautions in our everyday lives that can spare us an unexpected trip to the hospital.

For example, any seasoned ER doctor will warn against group trampoline sessions, biking without a helmet, or petting an unfamiliar dog. But there's one home accident that's a cut above, says **Christopher Kennedy, MD**, medical director of the emergency department at Methodist Celina Medical Center, the city's first hospital, which began accepting patients in March 2025.

"The most common self-inflicted injuries I see are definitely those in the kitchen," Dr. Kennedy says. "It is common for those who are cutting too quickly to accidentally cut their fingers."

There's one kitchen implement that's drawn more blood than just about any other: the mandolin slicer.

"That blade is incredibly and sometimes deceptively sharp," he says. "I often see people who take the skin off one of their digits. This can lead to a large abrasion with bleeding that can be difficult to control."

The sight of blood is enough to drive many people to the ER, but too many patients shrug off sudden symptoms that should not be ignored. Dr. Kennedy cites a host of "sudden onset" symptoms that might warrant a trip to the ER:

- **Not just chest pain:** Most people recognize angina as the most common symptom of heart disease, but heart attacks can also mimic indigestion or even a toothache.
- **Abdominal pain:** Sudden pain in the abdomen could be triggered by a host of problems, from a urinary tract infection to appendicitis. If the pain doesn't go away or gets worse, it's time to get help.

- **Sudden headache:** Sudden pain in the abdomen could be triggered by a host of problems, from a urinary tract infection to appendicitis. If the pain doesn't go away or gets worse, it's time to get help.

- **Leg pain:** Don't be too quick to shrug off leg pain as a cramp or "charley horse" because it could also be deep vein thrombosis (DVT) or peripheral arterial disease.

ER SERVING CELINA

Not every medical issue is cause for a visit to the hospital, of course, but it's better to be safe than sorry because emergencies can't wait.

"I would always recommend calling 911 anytime a patient or their family is concerned about a life-threatening condition," Dr. Kennedy says.

Emergencies can't wait, and that's why having an ER serving Celina and the surrounding communities is so important. Learn more.

Bragging rights on the line

AFTER COUPLE'S HIP AND KNEE SURGERIES

These former college athletes both had joints replaced in the same week at Methodist Midlothian

Lewis and Cherie Washington are no strangers to competition. As former college athletes, the couple used their competitive spirit to overcome a new hurdle — total knee and hip replacement surgeries at Methodist Midlothian Medical Center.

"We didn't want to sacrifice a better quality of life," Cherie says. "At Methodist, we felt at home, we felt safe, and I think that really matters."

The Washingtons had been dealing with pain for a long time. Lewis, in particular, was struggling with sharp hip pain that left him relying on crutches just to get around. Cherie's knee pain and swelling kept waking her up every night. The initial plan was to tough it out, but a family milestone helped them realize they needed a more permanent solution.

"My daughter wanted me to walk her down the aisle and you don't want to miss those moments," Lewis says. "During the wedding, I was in so much pain, but I worked through it. Afterward, I told Cherie that we needed to do the surgery, so we made the decision to do it together."

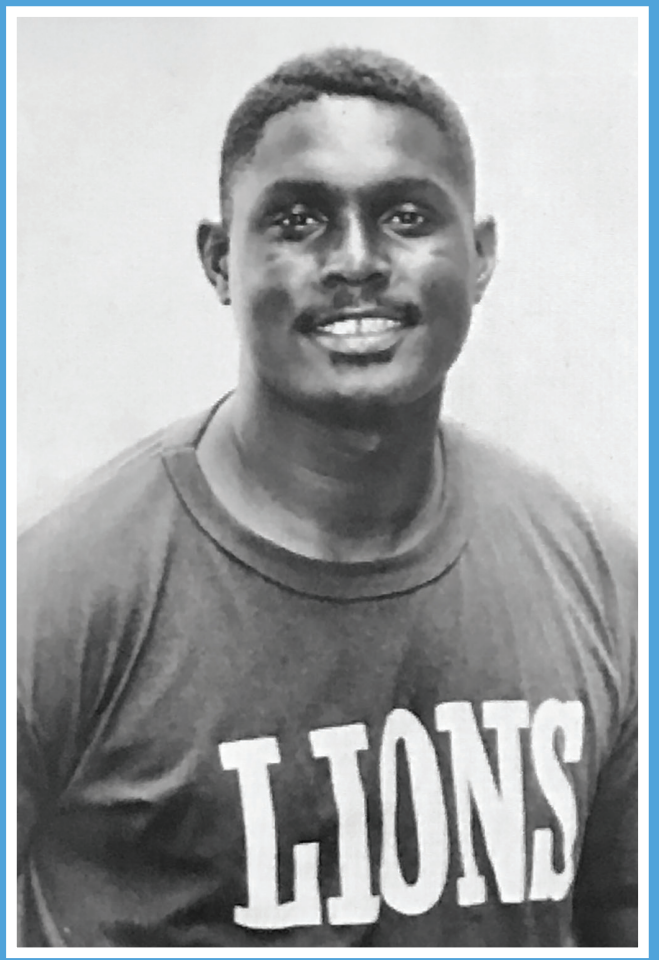
SOMETHING TO BE THANKFUL FOR

Lewis and Cherie, who both retired from Fort Worth ISD after years as school administrators, chose to have their surgeries during Thanksgiving week, within a few days of each other.

"He is my best friend," says Cherie. "We do everything together."

Having family members tackle surgery with the same physician isn't all that uncommon says their doctor, **Edward Mairura, MD**, orthopedic surgeon on staff at Methodist Midlothian.

Lewis and Cherie have been married for 34 years.



The Washingtons are used to being active. In college, Lewis played football, and Cherie ran track.

"I see couples, parents and their kids, siblings. It's not as rare as you think," Dr. Mairura says. "The big thing that stood out with the Washingtons was that they decided to do their surgeries during the same week."

Cherie's surgery was up first. Dr. Mairura performed a total knee replacement to treat arthritis in all parts of her right knee.

The surgery involved replacing the damaged ends of her femur and tibia and resurfacing the kneecap with metal and plastic parts, helping to reduce pain and improve movement. Lewis underwent an anterior total hip replacement where the ball and socket joint were replaced with metal and plastic to create a new artificial hip.

"Hips do better than knees early on, so Lewis had an easier time and was up and moving almost immediately," Dr. Mairura says. "With the knee, it's a bit tougher so it takes several weeks for it to feel much better."

FRIENDLY COMPETITION

If you spend a few minutes with the Washingtons, you'll find out who healed quicker than the other — depending on who is telling the story.

"I'm the more athletic one, and he's a lot older, so obviously I did better," says Cherie.

"You know you're telling the story wrong," Lewis interjects. "I was the one helping her."

At the end of the day, the bond they've created over nearly 35 years of marriage is what really led to their successful recoveries.

"I think our competitiveness is what made us get better faster. We knew when both of us were in some type of pain that we were going through it together," Cherie says. "Even though it was a knee surgery for me, a hip surgery for him, it was good going through it with your partner."

Now, Cherie is looking forward to having surgery done in the fall on her left knee to ensure she and Lewis can continue living the active lifestyle required to chase around their granddaughters.

"Our family is important to us. The doors in this house have not stopped opening," Lewis says. "We love the grandkids, but we also like our freedom, too."

The Washingtons feel like they have that freedom back and encourage others who are in pain to seek help if needed.

"I would tell people not to settle and be in pain for the rest of their lives," Cherie says. "Invest in yourself, your future, and your quality of life. Don't be afraid."

Watch Cherie and Lewis share their story and debate whose recovery was smoother on ShineOnlineHealth.com.

HEART DISEASE WON'T BOX HIM INTO A CORNER

At age 81, this retiree got back to boxing after a new heart valve corrected his life-threatening arrhythmia

Fighting for his life is nothing new for Steven Pratt, a Vietnam veteran who recently took up boxing to battle Parkinson's disease. So it's no surprise that when he found out he needed a lifesaving heart surgery, the 81-year-old tackled it head on.

"I had faith that the good Lord was going to take care of me," he says. "He hasn't failed me to this point in time, and I didn't feel that he would drop the ball now."

Steven, a retired child psychologist who ran a Catholic charity in Denver before moving to Texas, found the care he needed at Methodist Southlake Medical Center, where a cardiologist diagnosed him with aortic stenosis, and Methodist Richardson Medical Center, where he underwent surgery to correct it.

"I woke up one morning with a really rapid heartbeat and had trouble breathing," he recalls. "I ended up going to the emergency hospital nearby, and they said I either was having or had a heart attack."

Steven was taken to Methodist Southlake, where he was diagnosed by **Anas Alomar, MD**, medical director of the cardiology department at the hospital.

UNDER A WATCHFUL EYE

Steven was not having a heart attack, Dr. Alomar determined, but he did have atrial tachycardia, a too-rapid heart rhythm that causes the upper chambers of the heart to beat faster than the lower chambers.

The cardiologist decided to monitor Steven's condition for about a year, regularly evaluating his heart rhythm and valve function with heart rhythm monitors, echocardiograms, and regular clinical exams.

"Over time, it became clear that his aortic valve was progressively narrowing and his symptoms — fatigue and shortness of breath — were consistent with severe aortic stenosis," Dr. Alomar says. "That's when we determined that replacing the valve was the appropriate next step."

"I STILL MARVEL AT THE EASE WITH WHICH THE PROCEDURE WAS DONE. **BEING ABLE TO HAVE A VALVE RUN UP MY LEG AND INTO MY HEART TO FIX THE ISSUE IS JUST SHORT OF A MIRACLE.**

— STEVEN PRATT, TRANSCATHETER AORTIC VALVE REPLACEMENT PATIENT AT METHODIST RICHARDSON MEDICAL CENTER

Dr. Alomar underscores how critical early detection was in Steven's case.

"Severe aortic valve stenosis carries a significant risk of sudden death, especially in individuals with symptoms," he says. "Without treatment, the average survival rate for patients with symptomatic severe stenosis is around two to three years."

TAVR TO THE RESCUE

For Steven, that treatment would come in the form of a transcatheter aortic valve replacement, or TAVR, a minimally invasive procedure performed at Methodist Richardson.

This minimally invasive procedure uses an artificial implant to replace a narrowed aortic valve that isn't functioning properly, usually because of age-related wear and tear and calcification of the valve. Using a catheter, a doctor can place the new heart valve through an artery in the leg.

"Years ago, valve replacement surgery was an open-heart surgery," says **Derek Williams, MD**, cardiovascular surgeon on the medical staff at Methodist Richardson. "Now we can replace the valve using a catheter, and the patient goes home the next day."

Steven had his TAVR in November 2024, and the procedure immediately allowed his heart to pump blood more effectively, leading to improved energy levels, less shortness of breath, and a better overall quality of life. He felt well taken care of every step of the way.

"I still marvel at the ease with which the procedure was done," he says. "It's hard to put my feelings into words — being able to have a valve run up my leg and into my heart to fix the issue is just short of a miracle."

BACK TO BOXING

Steven saw tremendous results quickly, noting that after just two days he saw a major change in his energy and has returned to normal activities with fewer limitations, pastimes that include playing the trumpet and boxing.

"I box twice a week in an organized program for Parkinson's patients," he says. "Each boxing session is an hour long, and now I believe I'm more capable of participating because of the heart valve."

Today, Steven and his wife of 56 years, Bernice, are enjoying retirement in Texas, staying active with their grandsons' school and sports activities. The trained psychologist credits his family for helping him recover mentally.

"The strength of family was a large part of the psychological recovery," he says.

Looking back, Steven encourages others not to delay care and feels blessed to have addressed his heart disease in time.

"Before the surgery, I had a lot of fatigue, and that slowly creeps up on you. You start to think it's just normal," Steven says. "After surgery, the difference in my energy and enthusiasm is marked."

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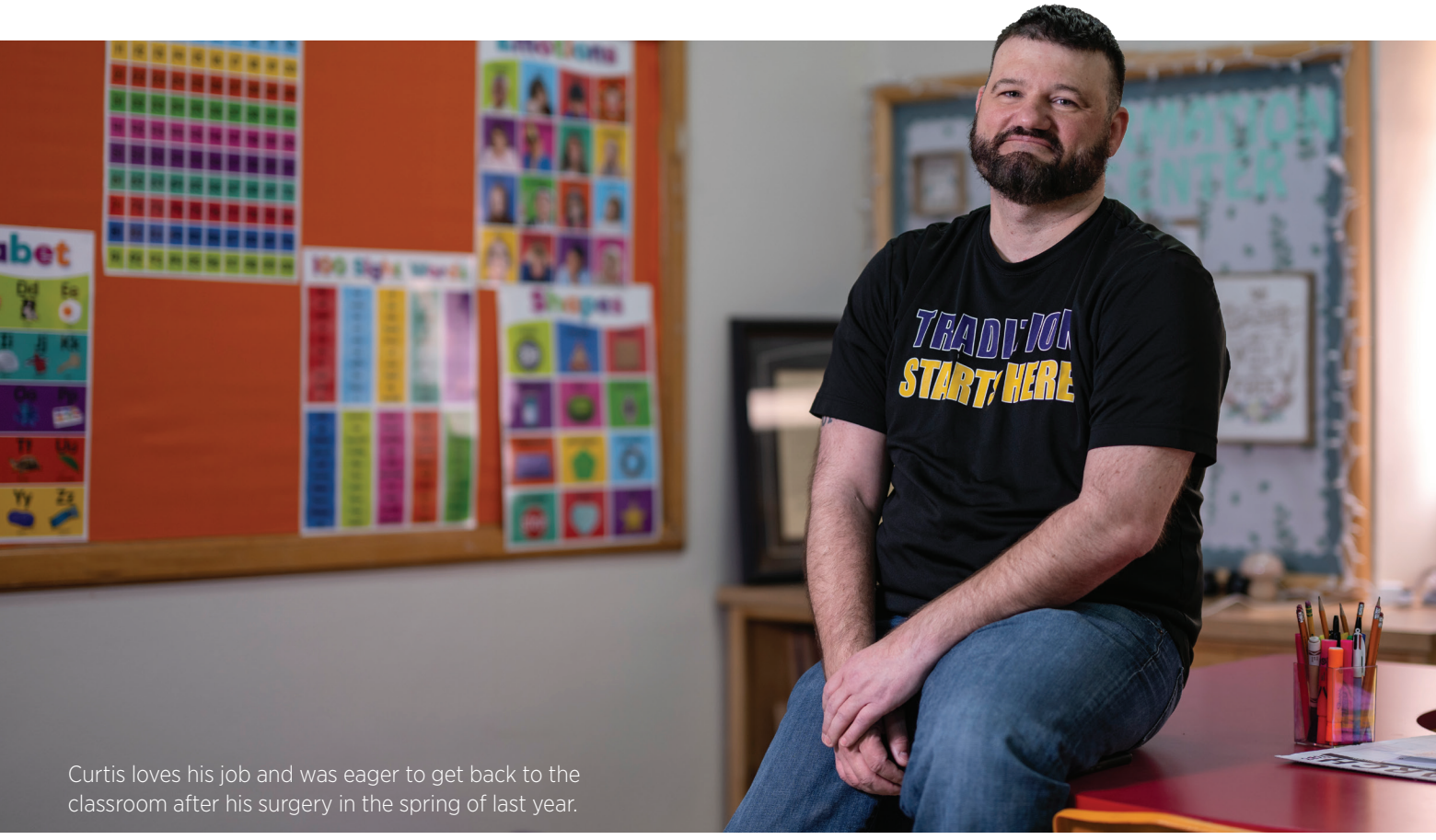

Curtis loves his job and was eager to get back to the classroom after his surgery in the spring of last year.

WEST TEXAS TEACHER BEATS COLORECTAL CANCER IN HIS 40s

This Midland schoolteacher drove across Texas to get the lifesaving care he needed in Dallas

Midland schoolteacher Curtis Lynd drove 300 miles across Texas to get the lifesaving care he needed to beat "early age" colorectal cancer at Methodist Dallas Medical Center.

"There are people out there who can do amazing things," says Curtis, who does something amazing himself, teaching special-needs students in West Texas. "The doctors and nurses were just really there for me. And I appreciate that."

Diagnosed with stage 3 rectal cancer at age 42, years before most people even consider screening, Curtis is now in remission a year after surgery and hoping to spread the word that his case is part of a worrisome trend.

"I just see more and more people who are getting this cancer younger and younger," he says. "Another month, and my cancer could have been stage 4."

While colorectal cancer rates are dropping for seniors, the rates for adults younger than 50 have doubled since 1990, according to the National Cancer Institute.

"This has really inspired me to encourage other people to get checked out," Curtis says.

SCREENING CAN'T WAIT

Curtis first knew something was wrong after suffering with painful constipation and other more worrisome changes in his bathroom routine. He sought help from his primary care physician, a longtime friend, who quickly ruled out hemorrhoids and encouraged Curtis to get a colorectal screening.

The team effort of tumor boards for complex cases has made Methodist Dallas a **destination hospital for underserved parts** of the state that need premier cancer care.

"I called to set up a colonoscopy, and they told me it would cost $1,400 because insurance won't cover it until age 45," he says. "So I decided to put it off a month, but it just got worse from there."

Waiting was no longer an option, so Curtis and his wife, Alicia, made the screening a priority and later got the results from **Anand Lodha, MD**, colorectal surgeon on the medical staff at Methodist Dallas.

"Mr. Lynd had a very complex rectal cancer," Dr. Lodha says. "It was locally advanced and very low in the rectum."

MORE YOUNG PATIENTS

When cancerous polyps lie extremely low in the digestive tract, it makes the surgery more complicated because the goal is to preserve bowel function so the patient won't need a permanent colostomy. That's why Dr. Lodha presented his case to a nationally accredited rectal cancer tumor board.

"Cases like his require all of our folks to come together, all the radiologists and oncologists, to give patients the best outcomes," Dr. Lodha says.

That team effort has made Methodist Dallas a destination hospital for underserved parts of the state that need premier cancer care.

"We've been able to build this really successful relationship with our gastroenterologists out there in West Texas and give hope to their patients," Dr. Lodha says.

That's especially important now that doctors like him are diagnosing more people with colorectal cancer in their 30s and 40s, often without the risk factors that accompany the disease.

"We are seeing a real increase in folks who don't have the risk factors," Dr. Lodha says. "These are just regular average-risk people."

LIVING A NORMAL LIFE

Before surgery, Curtis went through six weeks of chemotherapy and daily radiation treatment, a regimen that was grueling at times. Through it all, he kept teaching life skills at Midland High School, taking comfort in his work with students with special needs.

"I kept on trucking to work," Curtis says. "That really kept me going, just loving my job and the people I work with. They were really supportive."

He also credited his wife, Alicia, his son, Kylan, and the support of his West Texas community, which raised over $20,000 to help with his care.

"The community support in Midland was just amazing," he says, "but I couldn't have done it without my wife, Alicia, who drove me back and forth to Dallas, and my son, who's autistic and was always there to help at home."

By the spring of 2024, it was time for Curtis' surgery, although several rounds of chemotherapy and radiation didn't shrink the tumor as much as doctors had hoped. Even so, Dr. Lodha told his patient he could get the job done, and that gave Curtis confidence.

"I had to ask myself, do I live with cancer? Do I live with a colostomy bag?" he says, "or do I go back and try to live a normal life?"

'ALWAYS THERE FOR YOU'

In the end, there was no question, and Curtis returned to Methodist Dallas for surgery in March 2024. When he woke up in the recovery room, Dr. Lodha shared the good news.

"We were able to resect the tumor, have negative margins, and reconnect his bowel," he says. "For us, it was really something special."

Now a year removed from that surgery, Curtis is grateful for all the support he received during his journey, his family, his fellow teachers, his West Texas community, and the fellow survivors he befriended along the way.

But he saved his highest praise for the medical team at Methodist Dallas who was there to help when stage 3 rectal cancer struck "out of the blue."

"The staff is always there for you, even when I was freaking out and needed to text my nurse at 9 o'clock at night," Curtis says. "That just meant the world to me."

Watch Curtis share his ordeal with "early age" colon cancer on ShineOnlineHealth.com.

WHO SHOULD BE SCREENED FOR PROSTATE CANCER?

it's complicated

If found, prostate cancer is more treatable thanks to noninvasive options like HIFU, which uses focused ultrasound to destroy tumors

The news last spring that former President Joe Biden was diagnosed with stage 4 prostate cancer highlights the importance of screening for a disease that, when detected early, is more treatable than ever before.

"Avoiding that worst-case scenario, where the cancer has spread, really comes down to screening, timely diagnosis, and treatment," says **Srinath Kotamarti, MD**, urologist and urologic oncologist on the medical staff at Methodist Charlton Medical Center. "Screening allows us to identify at-risk patients."

That's good news for more than 300,000 American men diagnosed with prostate cancer each year. The bad news: About 1 in 8 men will be diagnosed with the disease in their lifetime, and the incidence rate for prostate cancer has grown 3% each year since 2014, according to the American Cancer Society.

The screening process begins with a periodic prostate specific antigen (PSA) blood test, which ideally starts at age 45 for patients at an average risk. Those at higher risk should begin screening at 40, including anyone with certain genetic mutations

or a family history of prostate cancer, as well as Black men, who are disproportionately affected by the disease, Dr. Kotamarti says.

"How often you get screened is a decision between you and your doctor," he adds. "We typically stop recommending routine screening by age 75."

NO SYMPTOMS AT FIRST

What makes prostate cancer so difficult to diagnose at its earliest stages is that symptoms rarely appear until the disease is advanced, Dr. Kotamarti says.

"If a tumor within the prostate has grown large, it could cause obstruction of urine or bleeding, for example," he explains. "If the cancer has spread beyond the prostate, there could be symptoms associated with where the spread occurs, such as pain in a bone from a metastasis to that bone."

That's the case with Biden, whose cancer has spread, or metastasized, to his bones. Avoiding such a late-stage diagnosis is where screening and timely treatment play a critical role.

After diagnosis, there are a host of management options, from hormonal therapy — which uses medication in the form of shots and pills to starve the tumor of the testosterone it feeds on — to radiation and surgery to remove the prostate. For certain lower risk prostate cancers, an "active surveillance" approach without treatment and with only close monitoring can be employed.

"A cure is often possible," Dr. Kotamarti says, "but the problem with prostate removal surgery and radiation is the debilitating side effects that can profoundly alter a man's life."

As a result, patients seeking an immediate remedy for their cancer would also endure the severe complications of those treatments, including erectile dysfunction and incontinence, as well as the associated mental and emotional toll.

Dr. Kotamarti says there are cases in which these radical therapies may even be considered as overtreatment. Radiation and removing the prostate aren't the only options, however, and some patients may be candidates for a minimally invasive alternative that he and his colleagues at Methodist Charlton just added to their toolbox.

HIFU AND ABLATION

The prostate is in a location that makes it extremely challenging to access without affecting the surrounding organs, especially when it comes to ablation — a treatment that uses heat, cold, or another energy to destroy cancer cells.

New technologies like the Focal One HIFU Robotic System, which uses ultrasound energy to kill the cancer, give doctors the precision they need when treating prostate cancer with ablation.

"Focal therapy using HIFU allows me to focus on the cancer while sparing the rest of the prostate and the intimately surrounding critical structures," Dr. Kotamarti says. "It allows for precise and effective treatment for the right patient."

This outpatient procedure can be performed in as little as 45 minutes, with the patient comfortably asleep while a probe placed in the rectum ablates the cancer using ultrasound.

"It truly provides the optimal balance between a quality outcome and good quality of life, expanding the possibilities for a man diagnosed with prostate cancer," Dr. Kotamarti says.

Learn more about HIFU, an innovative and noninvasive treatment for early-stage prostate cancer at Methodist Charlton.

About 1 in 8 men will be diagnosed with prostate cancer in their lifetime, and the incidence rate for the condition has grown 3% each year since 2014, according to the American Cancer Society.

WEIGHT-LOSS SURGERY OFFERS PATIENT A 'NEW ME'

When dieting and weight-loss drugs didn't work for her, this Burleson woman turned to her "last hope," and she's lost 100 pounds

When constant dieting and years of GLP-1 injections got her only so far, Christine Morris shed more than 100 pounds with weight-loss surgery at Methodist Mansfield Medical Center.

"I felt like it was my last hope," says the 55-year-old from Burleson who had gastric bypass surgery in October 2024. "I feel great now. My diabetes and high blood pressure are under control, and I like the new me."

Just a year ago, Christine weighed 286 pounds at 5-foot-2 and could not get off the couch because her back and knees hurt so much. She had tried every diet, commercial plan, and even the GLP-1 injectable drugs that are so popular now, but the extra weight clung to her no matter what she did.

"I was on the GLP-1 semaglutide for almost three years, and it really just helped me keep my diabetes under control," she says. "I lost 15 pounds in the beginning, but I couldn't lose anymore. I had no energy to do anything."

Now under 175 pounds, this avid birdwatcher who loves to go camping is more active than she's been in years, and she has no regrets about taking control of her health.

"If I ever had to have anything else done, I would go to Methodist Mansfield," Christine says. "They were great to me, and I'll make that drive from Burleson to Mansfield whenever I have to go to the doctor."

A GIFT THAT KEEPS GIVING

Christine had a life-changing gift in mind when her husband, Russell, asked what she wanted for her 54th birthday.

"I've been overweight my whole life," she says. "So I told my husband I really wanted to look into having gastric bypass surgery."

Christine decided she'd had enough of half measures, frustrated by constant dieting and weight-loss injections that can help patients with heart health and diabetes but put her on a roller coaster of weight loss and gain.

"I'd lose 20 pounds here, 30 pounds there, then gain it all back," she says. "It never stayed off."

About 15 years earlier, her husband was treated for a major heart attack at Methodist Mansfield, and Christine credits the staff for saving his life. It only made sense to return to the same hospital to reclaim her own health.

Her weight-loss journey began with a consultation with **Andrew Standerwick, MD**, bariatric surgeon on the medical staff at Methodist Mansfield.

"People like Christine are good candidates for bariatric surgery," Dr. Standerwick says. "GLP-1s are amazing medications, but they don't work for everyone. For some patients who are morbidly obese, weight-loss surgery is the only intervention that really helps them shed the pounds."

MINIMALLY INVASIVE BYPASS

There are several types of bariatric surgery, including gastric sleeve, gastric bypass, and a new operation — single anastomosis duodenal-ileal bypass with sleeve gastrectomy, or SADI-S — that combines the two. For Christine, Dr. Standerwick suggested a robot-assisted gastric bypass known as a Roux-en-Y, named for the Swiss surgeon, César Roux, who developed the procedure and its Y-shaped result.

The minimally invasive operation created a gastric pouch the size of a golf ball at the top of her stomach and linked the pouch directly to her small intestine, bypassing about 80% of her stomach and a few feet of her intestine.

"When food gets swallowed, it doesn't stay in the pouch very long and quickly goes into the middle part of the small intestine," Dr. Standerwick explains.

Reconfiguring the digestive tract boosts the patient's metabolism and reduces nutrient absorption, while also limiting the amount of food that the stomach can hold to about 2 ounces, or a quarter of a cup.

"I woke up after my surgery and there wasn't very much pain at all," Christine says. "A couple of hours after surgery, I was up and walking around."

Two days later, Christine was discharged from Methodist Mansfield. Within six months, she had lost almost 80 pounds by sticking to small high-protein meals and cutting out junk food and sweets.

"I'm liking the way I am," she says, "and I'm doing everything in my power not to gain the weight back."

'SO MUCH HAPPIER'

It isn't just extra pounds that Christine has put behind her: Her sleep apnea is gone, and she no longer takes pills for diabetes or heartburn. She's also cut down her dosage of blood pressure medication.

"I'm so much happier," she says. "I actually look forward to getting up for work and putting on clothes that I haven't seen since I was a teenager."

Christine says a major key to her support system is the Methodist Mansfield nutritionist who advises her when she feels like she's backsliding into unhealthy eating habits.

"She gives me great advice and information," she says of registered dietitian **Rachel Ellman, MS, RD, LD**. "Whenever I have a question, I send an email and she gives me suggestions."

Christine has started working out at a gym, something she was too self-conscious to try in years past. It's all added up to a dramatic change in her quality of life.

"I used to be the person on the couch all the time, not wanting to do anything," she says. "Now I'm like, 'What are we doing? Where are we going?' I want to get out of the house more. I am free of feeling embarrassed."

Watch Christine share her emotional weight-loss journey on ShineOnlineHealth.com.

Christine at 286 and 175 pounds

BATTLING ENDOMETRIAL CANCER WITH **immunotherapy — *and hope***

At age 50, Kout Aun's symptoms were initially mistaken for menopause until she found the care she needed at Methodist Charlton

A milestone birthday celebration in Hawaii was supposed to be the trip of a lifetime for Phonepraseuth "Kout" Aun. Instead, it began a lifesaving battle with endometrial cancer that led the 50-year-old Dallas woman to Methodist Charlton Medical Center.

But no scary diagnosis could derail Kout's trip or discourage her hopeful attitude.

"There was no point in feeling sad and stressing out about something I couldn't control," she says. "That's pretty much how I live my life: I stay positive no matter what."

That unwavering optimism was put to the test when Kout had a bad reaction to chemotherapy and had to turn to a relatively new alternative treatment to fight the cancer that began in the inner lining of her uterus. Precision medicine, also known as immunotherapy, harnesses the body's immune system to fight cancer.

"I've been on this treatment for a while, and I feel like it's really helped me," Kout says. "My doctor and nurses have been taking really good care of me."

Kout learned that immunotherapy might not have been an option had her diagnosis come just a few years earlier.

"Five years ago, a patient like Kout would have had limited to no options following her inability to tolerate chemo," says **Brandon Roane, MD**, gynecologic oncologist on staff at Methodist Charlton. "Now she is almost two years past her last chemo dose and is doing fantastic."

It's a world away from March 2022, when Kout's symptoms were mistaken for menopause, and she traveled to Hawaii blissfully unaware that cancer was growing in the inner lining of her uterus.

Dr. Roane's visits to Kout during her treatment were a memorable highlight.

TROUBLE IN PARADISE

Kout began experiencing unusual cramps and heavy menstrual cycles a few months before her big trip.

"My doctor thought it was just menopause," Kout says. "I didn't think much of it until one morning on the trip when a family member told me that I looked very pale."

Concerned, Kout visited an emergency room on the island. The doctors there noticed a visible mass beneath her skin but couldn't give her a specific diagnosis.

"They gave me pain medication so I could finish the trip and suggested I follow up with my doctor back home," Kout says.

Determined not to let her symptoms ruin the vacation, Kout pushed through the discomfort and returned home as planned. But her pain only worsened.

Back home in Dallas, Kout arrived at Methodist Charlton, where she was sent for a biopsy. The procedure revealed endometrial cancer.

Endometrial cancer forms in the lining of the uterus. It's the most common reproductive cancer in women and is typically treated with a hysterectomy — a surgical procedure to remove the uterus.

Kout's surgery also involved the removal of cancer that had spread to her abdomen and pelvis. After that, Dr. Roane recommended radiation followed by chemotherapy because the cancer had spread.

But because the chemotherapy started so soon after the radiation, it put a strain on her bone marrow. The decision was made to stop Kout's treatment and come up with a new plan using precision medicine.

TAILOR-MADE TREATMENT

Experts describe precision medicine as a cutting-edge approach to customizing disease prevention and treatment. It considers individual differences in a person's genetic makeup, environment, and lifestyle to create more effective and targeted care.

"We can tailor drugs and therapy based on genetic and molecular testing of the tumor and develop precision medicine for patients on a case-by-case basis," Dr. Roane says. "In the right patient, these targeted drugs can be effective and avoid the side effects of conventional chemotherapy."

Kout's body responded well to an immunotherapy drug called pembrolizumab.

"We did a scan and compared it to the first one, and there were signs of improvement," Kout says. "I'm in remission but not cancer-free just yet."

Kout is hopeful for her future as she continues to receive the care she needs.

Although her cancer isn't completely gone, Kout's progress is something her doctors are truly excited about. She will continue with regular monitoring and treatment under Dr. Roane to keep her in remission.

Right now, she's appreciative of everything she's conquered with the help of her medical team.

"Dr. Roane has been with me through the whole journey, so he's seen everything," Kout says. "I don't know if I could have asked for a better doctor and group of nurses. I love them."

CANCER SURVIVOR HOOKS NEW FISHING BUDDY: HIS SURGEON

For a retired police detective, an overdue colonoscopy led to a cancer diagnosis and a close bond with his doctor

Fishing means a lot to retired police Sgt. Troy Guidry, so when a routine exam led to a life-changing cancer diagnosis, he found a new fishing buddy: his surgeon.

"I'm blessed to be here," the retired police detective says, thinking back on his journey, "and it all started with that one appointment."

Troy scheduled a colonoscopy at Methodist Midlothian Medical Center after putting it off. Doctors recommend that anyone 45 and older get a colonoscopy at least once a decade, and it had been 11 years since Troy's last exam.

"I figured it was just time to get it done," the 66-year-old says. "I didn't expect them to find anything. I felt fine."

Doctors recommend that anyone 45 and older **get a colonoscopy at least once a decade.**

Troy's screening discovered a polyp that turned out to be a rare type of cancer that often causes no symptoms, says **Ivan Cruz, MD**, general surgeon on the medical staff at Methodist Midlothian.

"I told Dr. Cruz if he got me through this, I would take him fishing," Troy says.

RARE FORM OF LYMPHOMA

For 26 years, Troy served the Santa Ana Police Department, retiring as a sergeant detective in the suburb outside Los Angeles. A native of Port Arthur, Texas, he and his wife moved from California to Midlothian to be closer to her family.

Troy made annual visits to his primary care physician, who suggested it was time for a colonoscopy.

"My primary doctor referred me to Dr. Cruz," Troy says. "I called another facility, and they never called me back. I went with his recommendation, and I am glad I did."

He was diagnosed with a form of non-Hodgkin lymphoma known as MALT, or mucosa-associated lymphoid tissue. It's a slow-growing cancer that starts in the inner lining of the belly and typically affects people age 65 and older. Troy, now 66, was not experiencing any symptoms, which is typical for cases of MALT lymphoma.

Troy had surgery to remove the mass, but a complication that occurs in fewer than 1% of patients forced him to return to the operating room four more times.

"One of the surgeries was so complex that we had to leave his abdomen open overnight," Dr. Cruz says, explaining that doctors worried they might have to go back in the next day. "It was a very delicate situation."

A major constant throughout his surgeries and recovery, Troy says, was the compassion he felt from the Methodist Midlothian staff.

"The doctors and nurses were incredible, but it wasn't just them," he says. "The housekeeping staff, the cafeteria workers, everyone made me feel like I mattered."

His "best nurse" was his wife of 45 years, Robbin, and he will never forget the kindness shown to her, too.

"They didn't just take care of me. They took care of her, comforting her while she waited," Troy says. "That's the kind of care that sticks with you."

GONE FISHING

As the months passed and Troy recovered from surgery, he and Dr. Cruz developed a friendship.

"He never made me feel like just another patient," Troy recalls. "He sat down. He listened. He got to know me."

Troy Guidry with Dr. Cruz, his surgeon

Dr. Cruz considers Troy a "kindred spirit," although he tries to treat every patient the same way.

"I treat all my patients with care and compassion," Dr. Cruz says.

Once Troy was cleared to resume everyday activities, he followed through on the promise he made to his doctor. The two went fishing — not once, but twice.

"I figured taking him fishing is the least I can do to thank him for helping me during this journey," Troy says, "and he's not a bad fisherman."

He says they caught a few fish on Joe Pool Lake but tossed them all back because they were too small. Troy even let Dr. Cruz drive his bass boat.

"If I can trust him with my life, I can trust him with my boat," Troy says.

With screenings and prevention, you can manage your colon cancer risk. Take our free risk assessment.

LUNG SURGERY GETS DALLAS LAWYER

back on his bike

Tom O'Brien hadn't been to the doctor in 30 years when a problem with his lungs turned out to be more than pneumonia

Dallas lawyer Tom O'Brien was halfway through a 100-mile bike ride in Southern California last fall when the discomfort in his lungs became too much to bear.

"It's usually a fun ride. It was not a fun ride in 2024," Tom says. "I was having a hard time huffing and puffing. I thought maybe I had a pulled muscle in my rib."

It had been over 30 years since the 60-year-old Oak Cliff resident had visited the doctor for anything more than a physical. So it was a shock for Tom to learn he had fluid built up between his lungs and ribs, what's known as a pleural effusion.

"It goes to show that even if you do everything right, sometimes stuff happens," he says. "The doctor says it was a freak deal that's not likely to ever happen again."

When Tom returned home to Dallas, he sought help at Methodist Dallas Medical Center.

"The continuity of care really did make a difference at Methodist," he says, noting that he had the same nurses throughout his stay. "I don't know why more hospitals don't do that."

SEEKING A SECOND OPINION

Back in Dallas, Tom's medical journey started with a pneumonia diagnosis in November. The doctors prescribed antibiotics, but that didn't help, so he went to the ER at another hospital.

Doctors there drained three liters of fluid from his lungs and told Tom to return the following week for a 45-minute surgery that should uncover the underlying issue.

"It was not a pleasant experience," he says. "We have a friend at Methodist, so my wife reached out to him."

Tom was referred to **David Mason, MD**, thoracic surgeon on the medical staff at Methodist Dallas. They exchanged texts that weekend and set up an appointment the very next Monday.

"Dr. Mason was willing to get after it, and he did it in the way that I would do it," says Tom, who runs a law firm in Dallas. "He looked at it, and he told me what the deal was."

When he met with Dr. Mason that December, the fluid had returned to his lungs, a coughing fit had caused him to pass out, and even climbing the stairs had become a challenge.

"Usually something is seriously wrong for a person who's so active to become short of breath sort of out of the blue," Dr. Mason says.

'AN AMAZING FEELING'

Dr. Mason recommended video-assisted thoracoscopic surgery (VATS), a minimally invasive procedure where a thin tube with a camera would capture images in and around Tom's lungs.

The surgery would go one of two ways: It would either take 30-45 minutes, indicating a malignant tumor, or last three hours to remove the fluid buildup. To Tom's relief, he needed the longer surgery.

"I did what's called a decortication, cleaning up any debris that lay between the lung and the ribs," Dr. Mason says. "We did this all with a scope and got the lung expanded again."

When Tom woke up, he got the good news from Dr. Mason: There was no cancer, and he could breathe easy again.

"That was an amazing feeling," he says. "I mean there aren't very many things that somebody can say to you that will be more impactful."

Tom got back on his bike in May for the 20-mile Dallas Bike Ride, almost six months from his last formal ride. He's glad to be healthy and active again but has a message for anyone who's hesitant to take care of their health.

"People will joke around and say, 'Well, I wasn't sick until I went to the doctor," he says. "But if you do have an issue, you want to get help as soon as possible because it's not getting better on its own."

Watch Tom share his story at ShineOnlineHealth.com.

"THE CONTINUITY OF CARE REALLY DID MAKE A DIFFERENCE AT METHODIST — I HAD THE SAME NURSES THROUGHOUT MY STAY. I DON'T KNOW WHY MORE HOSPITALS DON'T DO THAT.

— TOM O'BRIEN

IBS PATIENT SURVIVES HOLES IN COLON AND STOMACH

Parker woman spent 51 days in the hospital after her digestive tract ruptured and required lifesaving surgery

Joy and gratitude have always defined the holidays for Rebecca and Jeff Landreth, but last Christmas was not very merry after a health crisis led Rebecca to the ER at Methodist Richardson Medical Center.

The gratitude, however, remained after surgeons there uncovered not one, but two life-threatening holes in her digestive tract, and she spent 51 days in the hospital fighting for her life.

"The team of Methodist doctors saved my life, more than once," says the 55-year-old, who's long suffered from acid reflux and IBS-C, irritable bowel syndrome with constipation.

Through it all, Rebecca's care team became like family, and one nurse still texts to check in with her and Jeff.

"When you're in the hospital that long, people stop being just doctors or nurses," Jeff says. "They become part of your fight. We're so thankful."

MEDICAL COMPLICATIONS

Rebecca's ordeal began in early December 2024 after she suffered complications from a previous surgery at an out-of-state hospital, her doctors say. An incision from the earlier procedure — a laparoscopic fundoplication used to correct GERD — never fully healed and split open.

She had also had trouble getting medication for her IBS-C, and her pain reached a breaking point a day after Christmas at the couple's Parker home.

"I screamed for Jeff," she recalls. "The pain was so intense I could barely move."

Jeff rushed upstairs and found his wife collapsed on the bathroom floor in agony. Within minutes, Rebecca was in an ambulance on the way to Methodist Richardson.

"She was in such bad shape that she was barely alive," Jeff says.

EMERGENCY SURGERY

Rebecca was quickly stabilized and admitted for testing. A CT scan revealed air in her abdomen, which doctors suspected was caused by holes in her colon and at the top of her stomach, a serious medical emergency.

"When a hole forms in this part of the gastrointestinal tract, it can cause stool and other intestinal fluids to leak into your abdomen, creating a life-threatening situation," explains **Stuart Johnston, MD**, trauma surgeon on the medical staff at Methodist Richardson. "Emergency surgery was her only choice."

When Dr. Johnston and his team opened Rebecca's abdomen, they found that her colon had perforated. They also discovered a hole in her stomach near the esophagus.

"The surgeon told me that she was so constipated that her stool had turned into rocks," Jeff says. "One of them poked through the side of her colon, and it just spilled the contents into the lower part of her body."

Doctors cleaned out her abdomen and removed a small portion of her colon. But repairing the tear in her upper stomach proved more complicated.

"Leaking stomach fluid makes the tissue around the tear like wet paper, which prevents us from being able to stitch it closed in this condition," Dr. Johnston says.

LESS INVASIVE OPTION

The surgery saved Rebecca's life, but the road to recovery was far from over. The stomach tear would take months to heal, and she needed a colostomy bag in the meantime. The idea was overwhelming for someone who travels for work and finds peace in her garden.

"I couldn't eat or drink. Not even ice chips," says Rebecca, a business consultant. "It felt like my life had just stopped."

Rebecca was told she might have to live on total parenteral nutrition, or TPN, receiving all food and fluids through an IV, for up to a year. Just when it seemed like TPN might be her only option, Rebecca's care team brought in a specialist with a different idea.

Abdul El Chafic, MD, medical director of advanced endoscopy at Methodist Richardson, was determined to try a less invasive approach.

"The best endoscopic option to close holes in the GI tract is by endoscopic suturing, an innovative procedure performed by gastroenterologists with extra training in complex endoscopic procedures," explains Dr. El Chafic. "However, the endoscopic suturing device is stiff, and it was possible I might not be able to reach the hole in this case due to its difficult location."

In the first attempt, the stiff endoscopic suturing device could not make the sharp angle to close the perforation, so Dr. El Chafic placed a stent to slow the leak. It helped but didn't fully solve the problem.

FINDING A WAY

Not willing to give up, Dr. El Chafic contacted the device manufacturer and learned about a more flexible endoscopic suturing device that had recently received FDA approval. With help from two engineers who flew in with the prototype, he made a second attempt.

"The second endoscopic attempt was a success using the new device," Dr. El Chafic says. "That victory meant Rebecca would be able to eat and drink normally again much sooner. It was truly a collaborative effort by multiple physicians and surgeons to both save her life and restore her health."

Jeff and Rebecca were both grateful that Dr. El Chafic was so determined to preserve not just her health but her quality of life, as well.

"Dr. El Chafic stayed with it, did the research, and came up with a solution," Jeff says. "That was such a godsend."

Now, Rebecca is walking more than 10,000 steps a day. She will undergo surgery to remove the colostomy bag and has returned to her beloved garden.

"My hibiscus are blooming," she says, smiling. "We even had a duck lay an egg by our pool that hatched. Life is happening again. And I don't take a single second of it for granted."

Watch Rebecca and her husband share their story on ShineOnlineHealth.com.

Rebecca and Jeff Landreth with their dog

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