

Spring 07

Leading Care for Women

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Methodist The Methodist
Hospital

Knee Joint Replacement

For Women

Did you know that of the more than 400,000 knee replacement surgeries performed each year, more than 60% of the patients are women? But until recently, there wasn't an implant designed especially for women.

Years of biomedical research have shown there are significant differences between the knees of the two genders. For example, women's knees tend to be thinner and narrower than men's. If an implant is too wide, it can hang over the bone and joint surface, causing discomfort. A woman's pelvis is also wider than a man's, causing her kneecaps to move at a different angle. The shape of a woman's knee can also make traditional implants feel a bit bulky, making walking feel unnatural.

Creating Unique Implants

"When you go to the shoe store, women's shoes are shaped and sized differently than men's," says David Lionberger, MD, orthopaedic surgeon with The Methodist Hospital in Houston. "That should also be true of knee replacement implants."

Dr. Lionberger uses a new type of knee replacement specifically pioneered for women. The new Zimmer Gender Solutions High-Flex Knee takes all of these gender differences into account. Based on the average-sized knees of more than 800 women, this implant is narrower from side to side, deeper from front to back and accounts for kneecap tracking, which is different in women.

The knee is made up of three bones: the femur (the end of the thighbone), the tibia (the top of the shinbone) and the patella (kneecap). Each is held together by tendons and ligaments, which are cushioned by cartilage. Injury, infection or arthritis can cause the deterioration of cartilage. When this occurs, the bones of the knee grind against each other, causing severe pain. This is often when a person will seek a knee replacement implant.

To request a free copy of our joint replacement video, please log on to our Web site at www.methodisthealth.com/ortho-dvd and order yours today.



Dr. David Lionberger, Orthopaedic Surgeon, The Methodist Hospital

"If the majority of knee replacement cases each year are performed on women, it makes sense to have an implant that better suits their anatomy," says Dr. Lionberger. "I believe this implant is a giant step toward giving women more natural movement, better flexibility and a better quality of life."



Dr. Bradley Weiner, Methodist Center for Orthopaedic Surgery

HOW TO HANDLE A PAIN IN THE NECK

Pinched nerves, poor posture, uncomfortable workspaces and spinal instability – these are just a few conditions that can contribute to neck pain. If not treated properly, neck pain can be, well, a pain in the neck. But with the proper care and treatment, sufferers may be able to reduce and even eliminate chronic neck pain altogether.

KNOW THE CONDITIONS

"Neck strain or injury is one of the most common ailments we see," says Bradley Weiner, MD, Methodist Center for Orthopaedic Surgery. "If pain persists for longer

than a couple of days (or is associated with numbness, tingling or weakness in the arms), it's important to seek treatment." Some of the causes may include:

- ✓ **Repetitive strain injury.** This occurs with any body part repetitively used for everyday tasks. These injuries can include carpal tunnel or back strain and can result in a loss of strength or coordination with the involved muscles.
- ✓ **Pinched nerve.** Often caused by a herniated or "slipped" disk in the neck that causes pain to shoot down the arm.
- ✓ **Spinal instability.** This is too much movement between two vertebrae that is often the result of pinching of the spinal cord. The pain can feel like tingling in the neck or arms.

✓ **Spinal stenosis.** This is a narrowing or stiffening of the nerve openings either around the spinal cord or nerve roots that can cause problems similar to those of a pinched nerve.

✓ **Non-spinal causes.** Stress, shoulder and elbow injuries and seemingly unrelated diseases can bring pain and discomfort to the neck area.

TAKE CARE OF THAT PAIN

The American Academy of Physical Medicine and Rehabilitation says that treatment of neck pain often occurs in three phases: diagnosis and treatment, recovery and maintenance. It's vital that patients continue healthy habits to avoid any recurring and possibly seriously damaging neck pain.

Help Your Family Dodge Sports Injuries



Dr. Kaare Kolstad,
Methodist Center for
Orthopaedic Surgery

Participation in all kinds of sports helps you reap the positive, lifelong benefits of exercise. But with the healthy fun of sports comes the risk of injuries. Before your family heads for the courts, ball fields or bike trails, prepare for safe sporting.

Play It Smart

Ease into sports by warming up and cooling down, and always wear the proper equipment and protective gear for the sports you play. Safety gear may include helmets, supportive shoes, eye protection, athletic supporters, shin or wrist guards – and don't forget sunscreen when outdoors.

“Another key factor to safe sporting is staying hydrated,” says Kaare Kolstad, MD, Methodist Center for Orthopaedic Surgery. Whether you're at the gym or playing outdoors, make sure water is available and take breaks to cool off. Heat exhaustion and heat stroke are dangerous, even fatal, when untreated.

“Heat can really affect an athlete's performance. This is why it is important to always stay hydrated and take frequent breaks when you are taking part in outdoor activities,” says Dr. Kolstad. Watch for symptoms such as nausea, dizziness, weakness and confusion. Stop playing, cool off with ice or cold liquids and seek emergency medical attention if someone shows signs of heat-related illness.

“It's also important to get your body used to warmer temperatures. If you are going to play soccer, baseball or football, make sure you work out in the heat for a few weeks before jumping into the sport. This will make it easier for you to perform at a higher level when the temperature rises,” notes Dr. Kolstad.

Common Injuries and Treatments

When injuries occur, it is important to determine

the severity of the injury and seek medical treatment if necessary.

A **sprain** is a stretch or tear of a ligament, usually to the ankle, knee or wrist. About 1 million ankle injuries occur each year, and 85% of these are sprains.*

Some **knee injuries** are repetitive in nature like runner's knee (pain or tenderness close to or under the kneecap) or tendonitis. Other injuries are acute. These include: ACL (anterior cruciate ligament) tears and meniscal tears (cartilage tear of the knee).

There are a variety of sport activities that commonly lead to injuries, many of which can be prevented with careful conditioning, proper use of safety equipment, warm-up exercises and good hydration. Visit www.methodistortho.com to learn more about sports safety.

A **fracture** is a break in the bone that can occur from a quick, one-time injury (acute fracture) or from repeated stress over time (stress fracture).

A **dislocation** is a joint (usually shoulder or finger) that is out of place. This is usually caused by contact sports and high-impact sports.

Many sports injuries are treated with rest, ice, compression and elevation (RICE):

Rest or stop using the injured area for 48 hours.

Ice the injured area for 20 minutes at a time. After this application, it is important not to ice for 40 minutes. Do this four to eight times a day with a cold pack or ice bag wrapped in a towel.

Compress the injured area with bandages, an elastic wrap or air cast to reduce swelling. Ask a health care professional which is best for you.

Elevate the injured area above the level of the heart to reduce swelling and pressure.

Get Expert Care

Some sports injuries can be treated with RICE, but others require urgent medical care. If you experience a sports injury, seeking treatment is the best action you can take to help you get back on your feet and back in the game.

* Source: National Institute of Arthritis and Musculoskeletal and Skin Diseases, www.niams.nih.gov.





What You Need to Know

about HPV and Cervical Cancer

According to the World Health Organization, one-fifth of cancers worldwide are caused by chronic infections. One of these infections, the human papillomavirus (HPV), is the leading cause of cervical cancer. There are many strains of HPV and not all are considered a cancer risk. However, women with certain types have a greater chance of developing cervical cancer and often require more tests to keep an eye on the virus's progression.

How Is HPV Contracted?

"HPV is most commonly transmitted through sexual contact," says Raymond Kaufman, MD, obstetrics and gynecology at The Methodist Hospital. Depending on the type of virus, some people may develop HPV-related warts on the hands, feet or genitals, or they may not have symptoms at all. Often, a healthy immune system can help fight and suppress the infection. Even if there are no physical symptoms, the virus may still be active in the body, causing pre-cancer cells to develop

within the cervix. "If you look at specimens of cervical cancer," notes Dr. Kaufman, "almost 100% have evidence of HPV DNA." Fortunately, modern medicine has provided two methods of preventing cervical cancer: the Pap smear and the HPV vaccine.

Prevention Saves Lives

Pap tests can help locate changes in the cervix early, allowing doctors to provide treatment before the infection leads to cancer or, if cancer has developed, when it's in a curable stage. Since changes may not appear on a single test, sexually active women are encouraged to schedule regular Pap smears. Most cases of late-stage cervical cancer are seen in women who have never had a Pap test or have not been in for a gynecological checkup for several years.

Paired with regular Pap tests, a new FDA-approved vaccine can help prevent cervical cancer. The vaccination protects women from HPV strains 16 and 18 (the main cause

of cervical cancer) and 6 and 11, which produce 90% of genital warts. "The vaccine itself is made of viral-like particles that stimulate the immune system to produce antibodies against the virus. It is not infectious and the side effects are minor," says Dr. Kaufman. It's recommended that girls ages 11 to 12 receive the vaccine as a preventative measure against cervical cancer. Girls and women ages 13 to 26 may also benefit from the vaccine. However, women should be aware that the vaccine does not protect against all types of cancer-causing HPV or other sexually transmitted diseases.



REDUCING THE PAIN OF ENDOMETRIOSIS

Endometriosis is one of the most common gynecological diseases, affecting an estimated one in 10 women of childbearing age. The disease often causes severe abdominal or pelvic pain and infertility, and can develop in any menstruating woman.

Researchers continue to explore the role of genetics, the immune system, hormones and even environmental factors in the development of the disease, but a definite cause remains unclear. Endometriosis occurs when endometrium, the tissue that lines the uterus, grows outside of the uterus, such as on the ovaries, fallopian tubes, pelvic tissue, bowels or bladder.

Just like the normal endometrial tissue, each month the endometrium outside the uterus thickens, breaks down and bleeds. However, instead of exiting the body through the vagina as menstrual bleeding, the tissue outside the uterus bleeds and becomes trapped and irritates surrounding tissue. This may lead to the growth of cysts, scarring and adhesions, which can cause pain and infertility.

Other symptoms of endometriosis include:

- ✓ Extremely painful menstrual cramps, often increasing over time
- ✓ Intestinal pain

- ✓ Pain during or after intercourse
- ✓ Painful bowel movements or urination, especially during menstrual periods
- ✓ Heavy periods
- ✓ Spotting or bleeding between periods

Any woman who thinks she may have endometriosis should visit her doctor to discuss her symptoms and undergo a pelvic exam. Your doctor may then request an imaging test, such as ultrasound or magnetic resonance imaging (MRI). Laparoscopic surgery also helps the doctor inspect the pelvic region for endometriosis.

Tips for a Healthy Pregnancy Take Good Care of

Your Baby

YOUR PREGNANCY AND CHILDBIRTH RESOURCE

At The Methodist Hospital, we offer a range of prenatal and infant care classes that can help you make a smooth transition to pregnancy and parenthood. Learn about methods to ease labor and delivery, take a tour of our state-of-the-art maternity department and prepare for breast-feeding. Our infant care classes teach baby care basics, including newborn growth and development, baby safety and choosing a pediatrician. To register, please call **(713) 790-3333** or visit www.methodistwomenshealth.com

From day one of your pregnancy, when a sperm and egg unite to form one cell, to month nine, when more than 2 trillion cells combine to make your baby, everything you do and eat directly affects your child. Taking special care of your body before and during pregnancy can help you and your baby develop healthfully.

Eating for One-Plus

Eating for two is an outdated notion that can lead to unnecessary weight gain. While it's important to eat a varied, balanced diet, the National Institutes of Health recommends eating only 300 extra calories a day.

However, you will need to add more nutrients to your diet to help your baby grow. You may be able to glean some of these extra vitamins and minerals from food, while others may require a supplement.

Folic acid helps prevent neural tube defects such as spina bifida and is essential to the formation of red blood cells. Pregnancy doubles the need for

folic acid, which is found in kidney beans, leafy green vegetables, peas and liver.

Iron helps form red blood cells, and pregnancy calls for higher than normal doses. Iron deficiency can lead to exhaustion and anemia, which can depress the mother's immune system and the blood's ability to clot.

Calcium helps build a baby's bones, so it's important for pregnant and breast-feeding women to consume 1,000 to 1,300 mg a day. For lactose-intolerant women or those who struggle to eat enough dairy products, your doctor may suggest a supplement.

Get Fit for Two

Exercising for 30 minutes on most days during pregnancy offers a range of benefits. These may include: reduced backaches and bloating, improved mood, added strength and a means to prevent or control gestational diabetes.

IS YOUR PARTNER EXPERIENCING ERECTILE DYSFUNCTION? TALK TO YOUR DOCTOR

These days, it's difficult to avoid television commercials about drugs to treat erectile dysfunction (ED). The ads may make some people squirm, but they've increased awareness of a problem that many men may have felt uncomfortable discussing, even with their doctors.

Erectile dysfunction is the inability to get or maintain an erection. It's estimated that between 15 million and 30 million American men are affected. It is most common in men age 65 and older, but may also affect younger men.

ED is often triggered by a physical cause, and may result from conditions such as diabetes, vascular disease or stroke, an injury or as a side effect of medication. Alcohol and tobacco use, obesity, low testosterone levels, depression and stress may also contribute to ED.

TREATMENT OPTIONS

Fortunately, ED often can be treated successfully. The most important step anyone experiencing ED can take is to consult his doctor, who can take a medical history, conduct an exam and, if necessary, order laboratory tests to determine the underlying cause.

Once the cause is determined, a course of treatment can begin. Options may include lifestyle changes, counseling or drug therapy.

COPING WITH ED

If you're worried about how ED is affecting your relationship, your partner probably is too. Whether you experience ED occasionally or on a more regular basis, being open about the condition can help your partner understand that there's a physical and psychological side to the issue. Women can help ED-sufferers by encouraging them to seek treatment and by offering their support and love.

For more information about ED, please contact the Methodist Center for Restorative Pelvic Medicine at **(713) 441-5800**.

As your pregnancy progresses, avoid exercises that require you to lie flat on your back or stand for long periods of time. Beware of getting overheated and drink plenty of fluids. And avoid activities that put you at risk for injury.

Get the Care You Need

Seeing your health care provider regularly helps ensure that you and your baby grow strong. Your doctor will monitor the health and development of you and your child, as well as give you an opportunity to ask questions about pregnancy, birth and infant care.



Cancer

Taking Charge of Your Future as a Survivor

You and your loved ones may have focused so much on handling the immediate effects of your cancer treatment – chemotherapy, radiation and/or surgery – that now that treatment is complete, no one knows what to do next.

Managing cancer recovery is unique for each person. Although many focus on physical changes, you may face unexpected emotional and social issues. One of the most challenging obstacles may be coming to terms with what is normal for you now.

Dealing with Emotions

The emotional effects of cancer can sometimes be the most overwhelming. Worrying about cancer coming back is normal. As time goes by, you may experience this fear less and less, but some events can cause you to become concerned about your health, such as follow-up visits, anniversaries and symptoms like those you had when diagnosed.

You may also feel angry, tense and sad. Coping with treatment, changes to your body and altered relationships can all contribute to these feelings. Talk to your doctor if your feelings don't go away or lessen over time.

Loneliness is also common. You may miss the support you received from your health care team.

And it's normal to feel cut off from family and friends. Often they want to help but don't know how or may be scared of the disease.

Because your body has changed, you may not be able to return to previous activities and you may feel embarrassed about the changes. Give yourself time to get comfortable with your "new" body and share your feelings with loved ones.

To help manage your emotional response to cancer, consider joining a support group, or meeting with a professional counselor or spiritual leader.

Changing Relationships

Often, expectations about life returning to the way things were before treatment are not realized. The way your family interacts may be permanently changed. Talk with loved ones about everyone's expectations and try to understand each other's fears and feelings.

In addition, sexual problems can affect how you relate to your partner. As you struggle to accept the changes yourself, you may worry about your partner's response to scars, ostomies, sexual dysfunction and infertility. Often sexual issues do not get better on their own. For help, talk with your doctor or consider seeing a sex therapist.



Looking Ahead

The oncology team at The Methodist Hospital and your general practitioner are available to help you throughout your recovery. We also offer a variety of support groups that you can join at any time. The free book "Facing Forward Series: Life After Cancer" from the National Cancer Institute, may be helpful as well. It's available at www.cancer.gov or by calling (800) 4-CANCER.

Although recovery can be challenging, it also presents an opportunity to make positive changes in your life. You may come out of the experience with a new understanding of what is important to you and make choices that support those values.

COLORECTAL CANCER: SCREENINGS COULD SAVE YOUR LIFE

There's good news about colorectal cancer. According to the American Cancer Society, the five-year survival rate is 90% if the cancer is caught and treated at an early stage. Regular screenings can help detect abnormalities before they become cancerous.

Colorectal cancer refers to cancer that develops in the rectum or colon. You should be screened regularly if you are age 50 or older, if you are at higher-than-average risk or if you exhibit symptoms such as blood in the stool or a change in bowel habits. Your health care professional can recommend an appropriate screening schedule.

Tests include:

Digital rectal exam. Often part of a routine physical, the health care provider inserts a gloved, lubricated finger into the rectum to feel for abnormal areas.

Fecal occult blood test (FOBT). This test can detect tiny amounts of blood in the stool.

Double-contrast barium enema. After the patient is given an enema containing a barium solution, the lining of the colon is X-rayed.

Sigmoidoscopy. A slender, lighted tube called a sigmoidoscope is inserted and used to view the rectum and lower colon.

Colonoscopy. A longer version of the sigmoidoscope, a colonoscopy allows the physician to view the rectum and the entire colon. This test is usually performed under sedation.

Virtual colonoscopy. Computed tomography is used to scan the colon and rectum. However, if a polyp is discovered, conventional colonoscopy must be performed in order to remove it.

ACT NOW

Being tested for colorectal cancer is nothing to be embarrassed or squeamish about. Talk with your health care provider about colorectal cancer screening. It could save your life.



METHODIST HOSPITAL BRINGS CANCER CARE TO NEW HEIGHTS

The Methodist Hospital, an internationally recognized leader in cancer care, offers preventive, diagnostic and therapeutic strategies based on clinical experience as well as scientific investigation.

A 'BENCH-TO-BEDSIDE' APPROACH

From the laboratory bench to the patient's bedside, The Methodist Hospital is integrally involved in improving clinical outcomes through evidence-based medicine. This comprehensive approach is based on a dedication to science as the root and measure of clinical practice.

As the second-largest provider of cancer care in Texas, Methodist offers a full spectrum of clinical services including:

- + Prevention programs
- + Risk assessment
- + Screening protocols
- + Genetic testing
- + State-of-the-art diagnostics
- + Chemotherapy
- + Cell and gene therapy
- + Pharmacologic services
- + Surgical intervention
- + Radiation ablation
- + Pediatric radiation therapy
- + Adult radiation therapy
- + Rehabilitative services

COORDINATED COMPASSIONATE CARE

The Methodist Hospital cancer care team recognizes that the prevention, diagnosis and treatment of cancer extend beyond the physical needs of the patient. Dynamic education and support programs are supported by oncology nurse experts. In addition, Methodist provides:

- + Patient and family support groups
- + Rehabilitative specialists
- + Spiritual care services
- + Volunteer support programs
- + Palliative care
- + Discharge planning/coordination of post-hospital care
- + Bereavement programs
- + Referrals to medical and community resources, by request

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Hope and Joy

Cancer patients never want to hear the words "stage-four lymphoma." This means the cancer has spread to one of the organs, such as the liver, or to the lymph nodes. But this is what Keith Saathoff was facing. He would have to undergo a bone marrow transplant to survive and he would have to do it alone.

Keith was going through a painful divorce after 19 years of marriage and two children. His bout with cancer left him feeling like, in his words, damaged goods. He felt no one would want to be with a single dad who had gone through such a tough battle. But as it turned out, the cancer also brought something good into his life.

After the transplant, Keith underwent a bone marrow biopsy, a painful procedure to say the least. His nurse was Cheryl Bressler.

"I could tell he was going through a difficult time, and I asked him if he wanted me to hold his hand during the procedure," says Bressler.

This act of kindness turned out to be more than just

a nurse comforting a lonely patient. It was a life-changing event in both of their lives. Cheryl was also going through a divorce after 16 years of marriage. She also had two children.

"When the procedure was over, I hugged Cheryl and thanked her for being so kind," says Saathoff. "Everything I thought about being damaged goods vanished and I knew this was the beginning of something special."

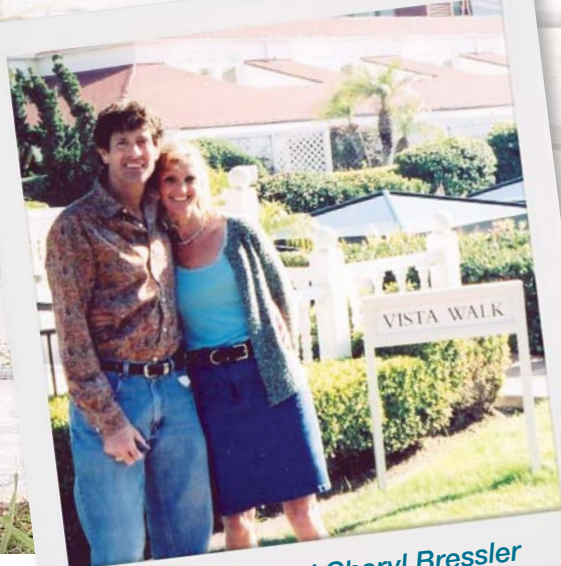
"We began talking and realized that, besides the divorces, we had a lot in common," says Bressler. "We both had come from big families; we shared the same values and ideals for our children and both loved dancing, music and water sports."

A few days after the biopsy, Keith came in to get his results and Cheryl was once again his nurse. She met his father. He approved. She gave him tickets to see "The Wizard of Oz" at her son's school with his kids, and the romance began. The two started dating, and in February of this year, they took a trip to San Diego.

"We were taking a walk on the beach, and Keith got down on his knee and proposed at sunset," describes Bressler. "It was one of the happiest moments of my life. He is everything to me."

"Cheryl gave me more joy during the most difficult time in my life than I had ever experienced when I was perfectly healthy," says Saathoff. "She gave me hope, not only in the recovery process, but hope for the future of our family."

Keith is in remission and is currently a practicing veterinarian in Tomball. The pair plans to get married this August.



Keith Saathoff and Cheryl Bressler
enjoy their trip to San Diego.



Cardiac Rehabilitation Helping Patients Get Back to the Beat of

Life



According to the American Heart Association, 71.3 million Americans are living with some type of cardiovascular disease. If you or someone you know has suffered a heart attack or has heart trouble, you may be familiar with a program called cardiac rehabilitation, which helps heart patients recover through a combination of physical activity, instruction about lifestyle choices and counseling.

Taking Action to Improve Heart Health

After experiencing a heart attack and/or having heart surgery, many patients assume their recovery will involve mainly resting and sleeping. Although bed rest may seem like a logical choice for a heart patient, failing to move about and exercise may actually slow the healing process. A cardiac rehabilitation program is designed to keep you active. Focused on improving the overall health of heart patients, the program typically includes the following elements:

- ♥ **A medical assessment.** Your rehabilitation team will look at your unique health needs and objectives, including your medical history, risk factors and fitness.
- ♥ **Instruction about lifestyle choices.** If you've had a heart attack or exhibit certain risk factors such as high blood pressure, you may be asked about your

lifestyle choices, such as your eating and exercise habits and whether you smoke.

- ♥ **Exercise.** Studies have shown that heart attack survivors who enroll in an exercise program often experience improved health.* Specialists will evaluate your fitness level and limitations in order to develop a routine that's right for you.
- ♥ **Counseling.** If you've had heart trouble, you may have psychological strain – worry, stress or depression. Qualified counselors can discuss your concerns with you.

A cardiac rehabilitation program provides you with many advantages, including the tools needed to live a healthier, more active lifestyle and the assurance of knowing your condition is being managed.

The Heart of the Matter: Your Future

If you're recovering from a heart attack or have had heart trouble, check with your physician about enrolling in a cardiac rehabilitation program. Research has shown that patients often experience improved health and a more positive outlook on life after rehab. Recovery takes time, and cardiac rehabilitation specialists are there to help you every step of the way.

* Source: "Rehab Improves Survival After Heart Attack by Over 50 Percent." www.mayoclinic.org/news.

HEART-SMART MOVES TO MAKE EACH DAY

When people greet each other, they don't usually say, "How's your heart doing today?" But considering that heart disease has exploded in America as the No. 1 killer of men and women, your heart health is a topic worth talking about. Not only that, it's worth doing something about.

SIMPLE STEPS, HEARTY ADVANTAGES

Small changes over time are far more beneficial than drastic changes you abandon.

Walk every day. Make time for exercise, whether it's spending 30 to 60 minutes at the gym or pool, or simply doing housework or walking across a parking lot. Regular exercise helps prevent heart disease by increasing blood flow to your heart and strengthening your heart's contractions.

Quit smoking. The chemicals in tobacco smoke can damage your heart and blood vessels, and the nicotine in cigarette smoke makes your heart work harder. If you quit smoking, your heart disease risk drops dramatically within just one year.

Cook smart. Get creative in the kitchen with lean meats, whole grains and fiber-rich foods. Preparation and seasoning are key – bake foods instead of frying, cook with unsaturated vegetable oils and use herbs and spices in place of butter and sauces. A diet rich in fruits, vegetables, whole grains and low-fat dairy products can help protect your heart.

Watch your waistline. Controlling your weight with exercise and a healthful diet may reduce your chances of developing other conditions that put a strain on the heart, such as high blood pressure, high cholesterol and diabetes.

Get regular health screenings. High blood pressure and high cholesterol can put additional strain on your heart. Adults should get blood pressure screenings at least every two years and blood cholesterol testing at least every five years.



WALK THE TALK

The most important move isn't just to be aware of ways to improve heart health, but to make them part of your day. Ask yourself, "How is my heart doing today?" The choices you make for a healthier heart may lead to a healthier life for years to come.

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