

# a scale of 1 to 10

*Over the past 10 years, I have collected nails, hair, implants, teeth, x-rays, images, self-portraits, tattoos, and video for an archive to recall what my body remembers. A Scale of 1 to 10 brings together a series of still-lives and performative portraits to examine both voluntary and involuntary encounters as a trans chronic patient.*

[Video Sample](#)

Compiled and edited by J Houston, 2018 - 2020 (ongoing)  
Primary text narrative written by Deb Houston  
Archive via 2010 - 2020 (ongoing)

*Special thanks to Aleem Hurst and Zay Lomax*

Summer 2008 / fell off horse / November 2009 / went to Dr. Hersh, pediatric gyn, re: pain, no resolution / November 2009 – started period

October 2010 / returned to Dr. Hersh and was diagnosed with vulvodynia, sensitivity of the vulva glands. Dr. Hersh described it as a toothache. *Prescribed Singular 10 mg 1 x day and Atropine + Estradiol HEB 0.2%+0.01% HEB, topical rx cream for glands.* Pain is diminished, but not totally gone.

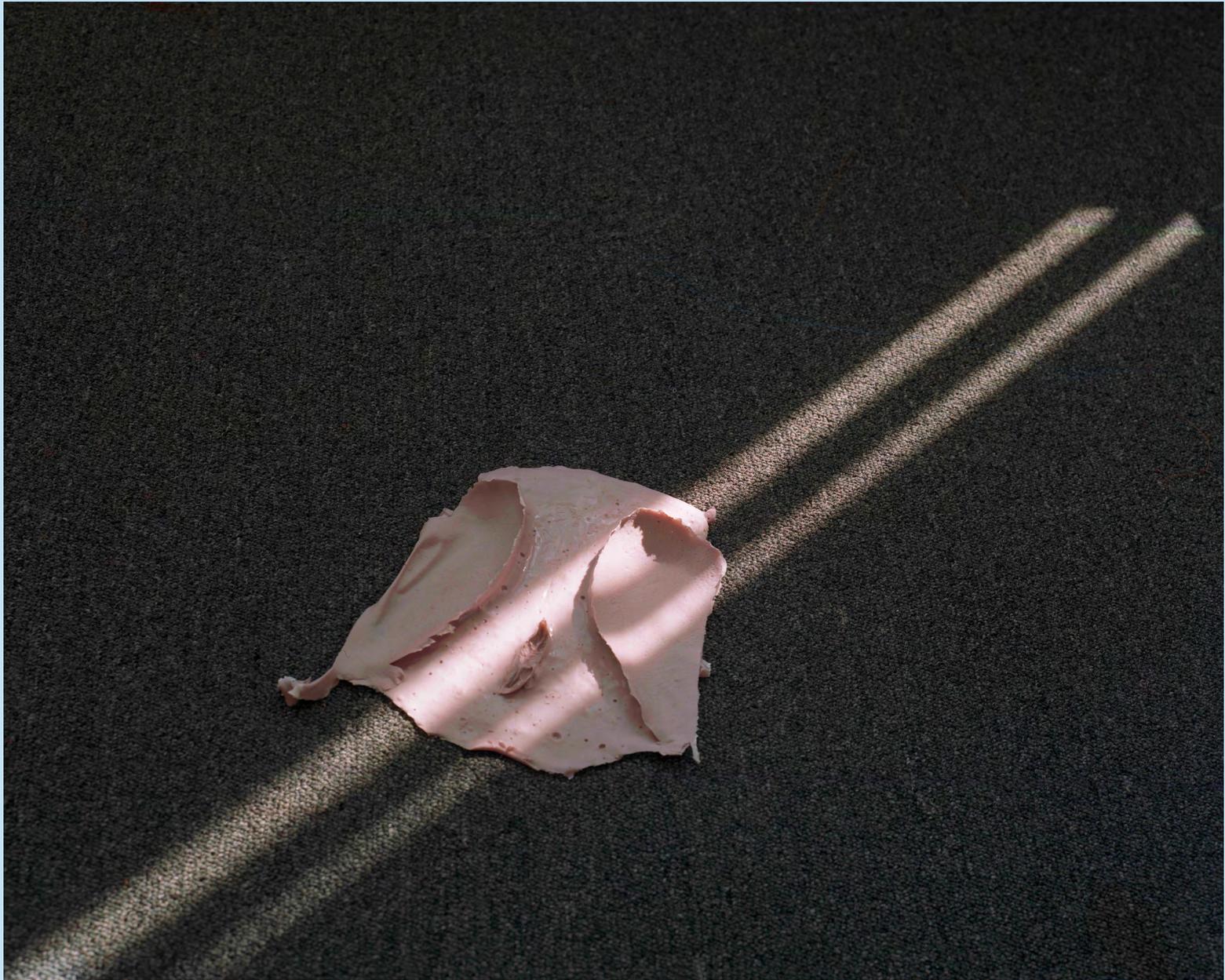
October 2010 / Also, diagnosed with vaginosis and was put on antibiotic. *Tindamax 500 mg tablet 4 tablets per day for 2 days*

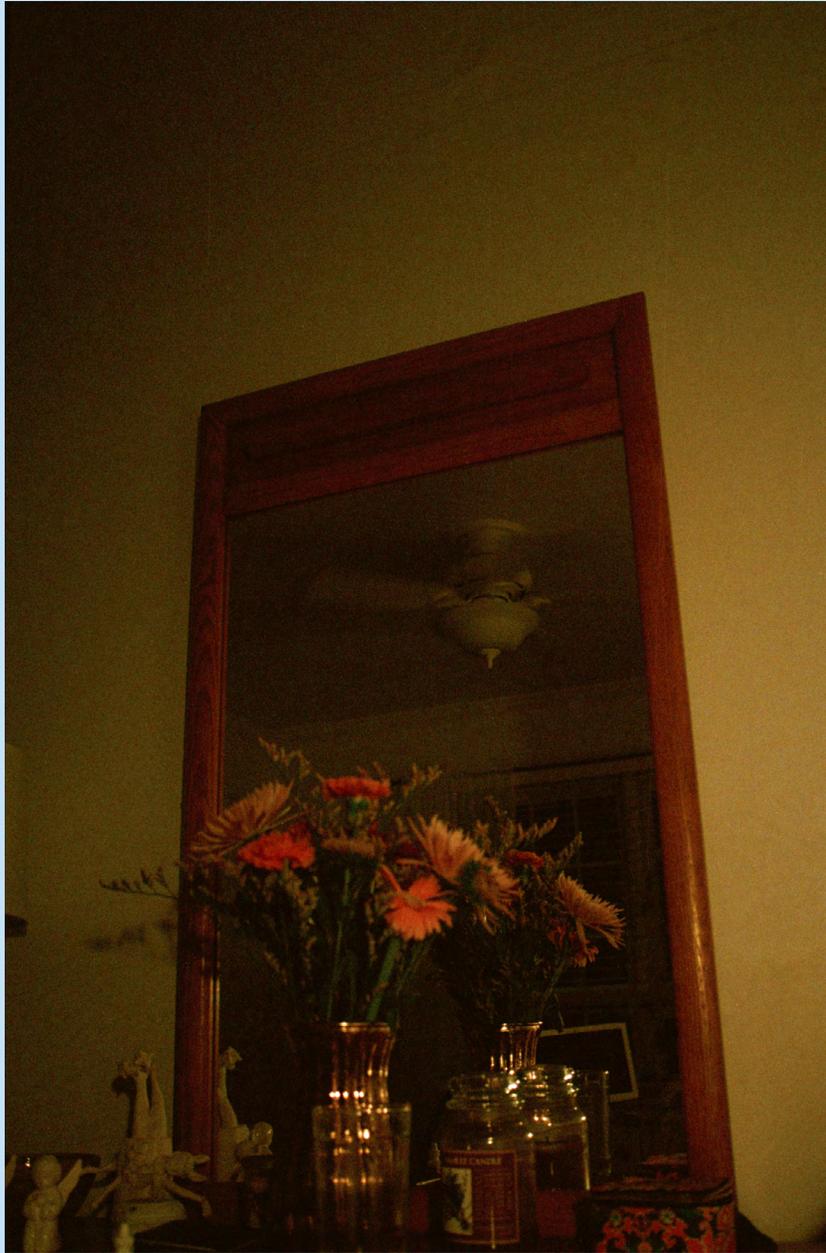
October 31, 2010 / tick bite, dr did not prescribe anything

November 14, 2010 / Strep, prescribed amoxicillin for 10 days

November 29, 2010 / Follow up with Dr. Hersh. Still sensitive in the vulva area so she prescribed *10 mg Elavil (amitriptyline)*, which is an antidepressant and helps inhibit pain. The goal is to break the pain cycle and then we can reduce meds.

November 30 / said felt tired / December 1 – woke up tired again





**GROSS DESCRIPTION:**

A. The specimen is received fresh, in a container labeled patient's name, medical record number, and designated "partial vulvectomy, partial hymenectomy, vestibulectomy". It consists of multiple unoriented irregular fragments of white-tan to pink-red soft tissue measuring 2.5 x 1.5 x 0.4 cm in aggregate. The specimen is entirely submitted for permanent histological examination in 2 cassettes labeled A1-A2.  
JESSICA AYRES/ALYSIA BROWNE/SH

NP /ah  
06/29/12

1/3/11 / Follow up with Dr. Hersh showed bacterial vaginosis. RX – *metronidazole vaginal cream – 5 nights*. Dr. Hersh insisted see Susan Menahem, Social Worker for depression (Dr. Hersh said she's depressed) and Erin Moody, massage therapist for muscle work

Return in 2 months.

1/14/11 / Called Dr. Hersh's office again and asked for a follow up appt. Reluctantly they scheduled for 2/3.

1/23/11 / Saw Erin Moody, Certified Massage Therapist. Erin said 's left hip was slightly higher than right. Erin worked on the ligaments and tendons and released the tension.

1/27/11 / Susan Menahem, Social worker

2/03/11 / Dr. Hersh – follow up to check for BV

2/10/11 / still has BV – prescribed *Metronidazole for 5 days and 1x week for 5 weeks* – return in 8 weeks for follow up

2/10/11 / Susan Menahem - definitely no depression, feels she's done what she needed to do as far as counseling goes. wants to see her again. said was feeling pretty good in February.

Then went back to having pain in March.

3/10/11 / Susan Menahem, social worker

4/13/11 – Dr. Hersch – tested for BV and did check of vulvodynia. Changing cream to *Cromolyn 5% in the am and estradiol 0.01% (progesterone)* in the evening. Also upped *Elavil (amitriptyline)* to next dosage of 25 mg per day. Continue on *Singulair 10 mg*.

Dr. Hersh still thinks is depressed and we discussed our meetings with Susan who is sure is not depressed. wants to see a psychologist and is having mood swings.





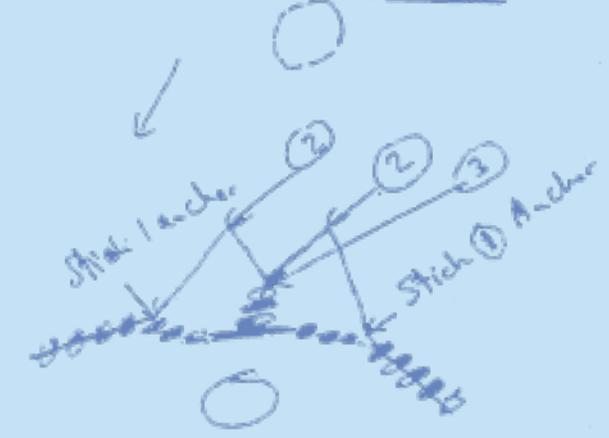


# DIAGRAM

- Use: Colorado tip for base
- 2Y strap attachment flaps
- always base (Ventral side the largest possible)



- 3 Anchor Stitches for each flap
- Then connect the lines in between.



- Make Stich NB<sup>o</sup> ① subcutaneous first
- Use 3/0 Vrygl - subcut
- Use 4/0 Monocryl for skin (Purple Monocryl)
- Place Anchor Stitches ① and ② and ③ subcut f.





4/18/11 / found information about muscle exercises that stretch the pelvic muscles. Initially said this seems to be helping, but hasn't stuck with it consistently

4/21/11 / Culture came back positive for BV and yeast infection. Dr. Bosin called in Rx.

*Metronidazole 250 mg tablets 1 tab 3x a day for 7 days and Fluconazole 150 mg tablet 1 now and 1 in 4 days.*

Started taking tabs 4/23/11.

4/29/11 / was quite distraught Friday / Sunday (didn't see much on Saturday). I'm not sure if it was the Vulvodynia or not being able to go to a concert

5/4/11 / Talked to nurse at WMMHS and can get a doctor's note to be exempt from certain PE activities or have it be self-limiting. is worried about the perception of sitting out. has been assigned to study hall during PE for the remainder of the school year.

5/8/11 / is trying an oxalate free (or low) diet.

5/9/11 / is starting to take *Calcium Citrate +D with Magnesium (1 tab per day = 125 IU Vitamin D, 250 mg Calcium as Calcium Citrate, 40 mg, Magnesium, 3.75 Zinc)*

5/26/11 / Saw Cara Seroy – Psychologist for second time – is really connecting with her on many levels and will continue to see her weekly for now

6/16/11 / Saw Dr. Hersh. Said is still quite red and inflamed in vaginal area. Suggested we see Dr. Kellogg as she isn't sure of next steps since she's tried all the standard protocol. is very frustrated by the lack of progress. has an appointment with Dr. Kellogg on August 15th.

6/2, 6/9, 6/23 / Saw Cara Seroy, 7/7 / Saw Cara Seroy

7/7 / stopped using creams for the five days we were in Michigan and said was having itching and burning.

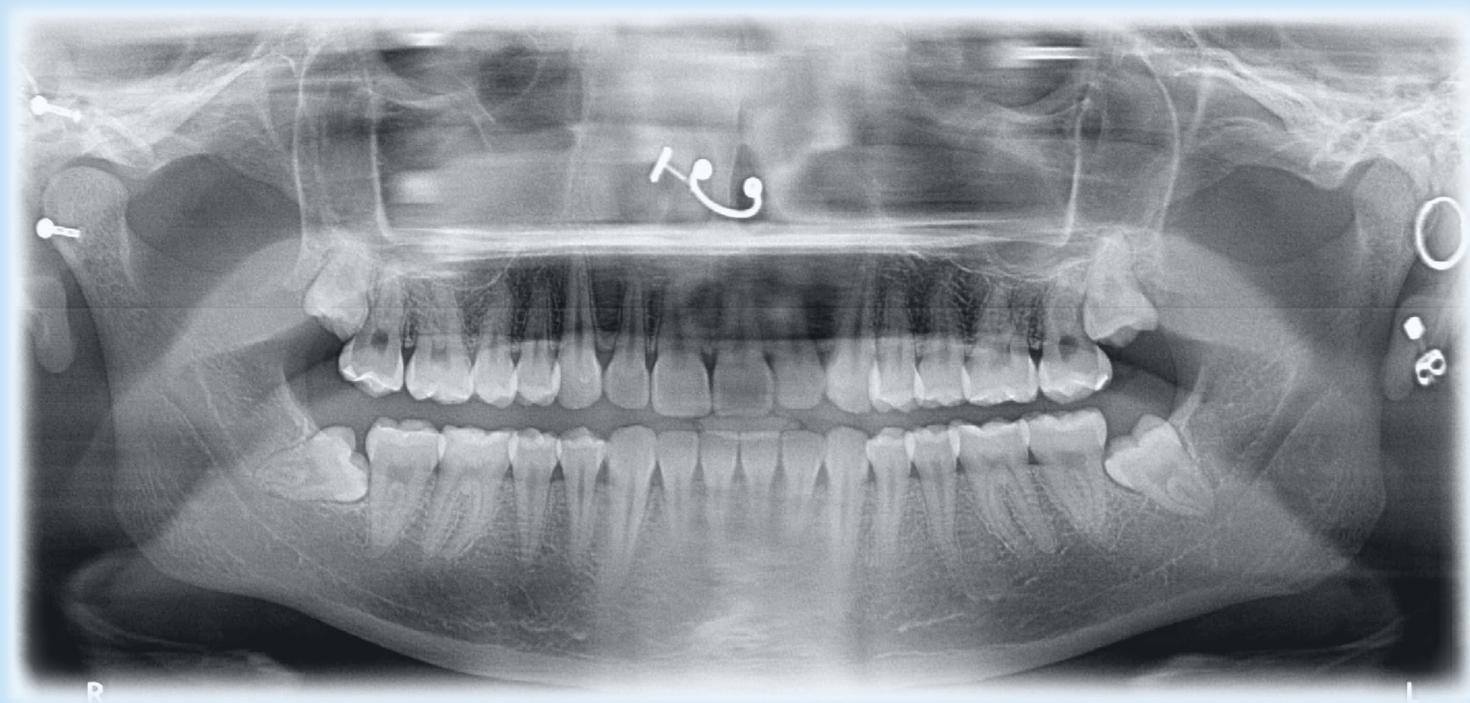
Dr. Hersh did not do a culture for BV or yeast infection when she saw on 6/16. Dr. Lavine's office won't do a culture and Dr. Hersh is out this week so we'll wait for the appt with Dr. Kellogg

7/12 / had an appt with Cara Seroy but didn't want to see her. Feeling down.

7/21 / appt with Cara Seroy

Current meds (since April) Creams / *Cromolyn 5% in the am and estradiol 0.01% (progesterone) in the evening. Elavil (amitriptyline) 25 mg per day and Singulair 10 mg per day.*  
takes both oral meds at night.

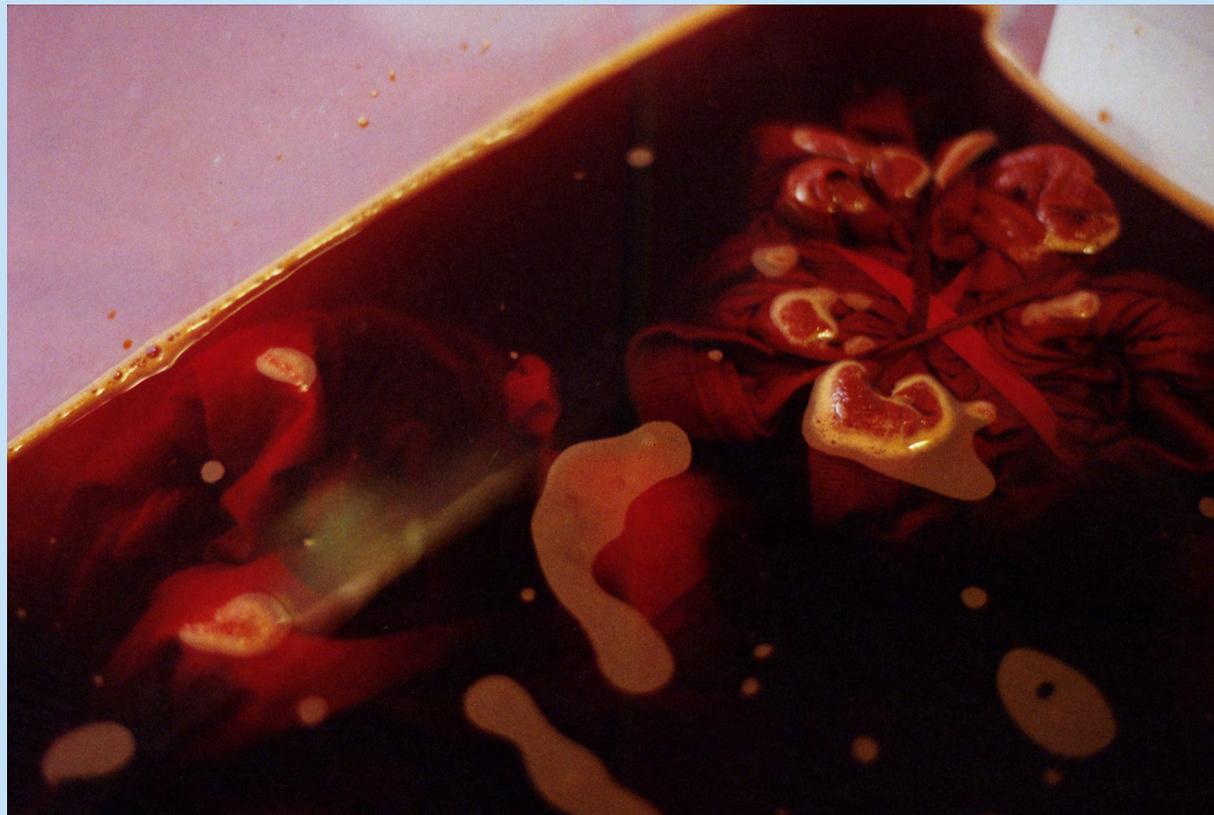




10



11





8/15/11 / Appointment with Dr. Kellogg. Diagnosis appears to be constricted pelvic floor muscles. She prescribed *Diazepam 5 mg* suppository muscle relaxants to be used with pelvic dilators 3 x a week. Said the condition didn't come out of nowhere. It was caused by trauma or a growth spurt. is also going back to the *Atropine + Estradiol HEB 0.2% +0.01% HEB*, topical rx cream and discontinuing the Cromolyn and estradiol.

is continuing on the Singular and Elavil.

8/19/11 / Dr. Kellogg's office called and she has bacteria in her vaginal area and they want to use *Align Probiotic* an OTC supplement (28 day dose)

9/29/11 / Dr. Kellogg – We're dealing with pain in the glands and pelvic floor muscles being constricted. BV level was low after the last culture and that's why she prescribed OTC Align. She did another culture today and we'll see where it is.

is feeling very moody on Elavil and wants to get off it. Dr. Kellogg said doesn't need it for pain management.

10/14/11 / discontinued using the Elavil. did have a hard time sleeping and now on 10/18 said 's tired and having trouble getting to sleep. 's also having considerable more gland pain and wants to get the cortisone shots in the glands (as and Dr. Kellogg discussed at the last visit) before starts physical therapy.

10/19/11 / is still tired, but 's able to sleep at night. Spoke to Dr. Kellogg about the pain and will be getting the cortisone shots on Tuesday.

10/25/11 / got a doctor's note exempting from gym for 6 months. saw Dr. Kellogg today and got the first of four cortisone shots ( got three). returns for the second set on November 22nd. The Neogyn is working ok, but not great so Dr. Kellogg gave amitriptyline cream to apply instead of the Neogyn for now.

11/2/11 / saw Rachna Mehta, PT today. Rachna said 's muscles are very spastic and constricted, which is causing a lot of the issue.

Appts 11/7, 11/10, 11/14, 11/16, 11/25, 11/28.

11/8/11 / saw Cara Seroy today and has been seeing her on average every two weeks. While doesn't feel nearly the need to see her as did when was on the Elavil, wants to continue to see her until has closure on this medical issue

11/22/11 / saw Dr. Kellogg and said 's doing better. received four shots of cortisone and will return on 12/28 for another round. Dr. Kellogg thought 2 or 3 more rounds would be needed. Dr. Mehta has also said is improving, but needs many more sessions.

Dec appts w/ Dr. Mehta – PT – 12/1, 12/5, 12/10, 12/12, 12/15, 12/20

12/20/11 / saw Dr. Kellogg and got another round of cortisone shots. also got two shots in muscle in side that continues to be tight and tensed. Otherwise, Dr. Mehta and Dr. Kellogg said good progress is being made.

January 2012 / got a 4th round of cortisone shots on 1/24. Dr. Kellogg increased the strength of the medicine. A week later was feeling more pain than usual after the shots. She said this type of treatment can take 12 to 18 months.

Dr. Mehta – PT: 1/5, 1/9, 1/18 – Dr. Mehta said the muscles are doing better

February 2012 / Dr. Mehta – PT: 2/1, 2/7, 2/15, 2/23 – internal muscles are doing well and she started on some core muscle exercises

March 7, 2012 / Dr. Kellogg – 5th set of injections, is doing well and needs to return in 2 months for more injections – possible 2 or 3 more sets. She also needs to continue to use the dialator., Dr. Mehta – PT: 3/22, 3/28, Cara Seroy: 3/22 and 29

Cara Seroy – April 7, 19, 24, Dr. Mehta – PT: 4/11, 4/19, 4/25/12

May 2012 / Cara Seroy – May 1, 10, 31 – Cara suggested see a psychiatrist to get a rx for an anti-depressant Joseph Donnellar, MD, Hillsborough

Dr. Robinson, MD, Morristown 973-539-9127 (probably doesn't see minors)

Dr. Mehta – PT – 5/9, 5/24, 5/31, Dr. Mehta – PT – 5/9 – shared the name and number of another patient going through similar circumstances, Dr. Mehta suggested talking to Dr. Kellogg about getting on an antidepressant.

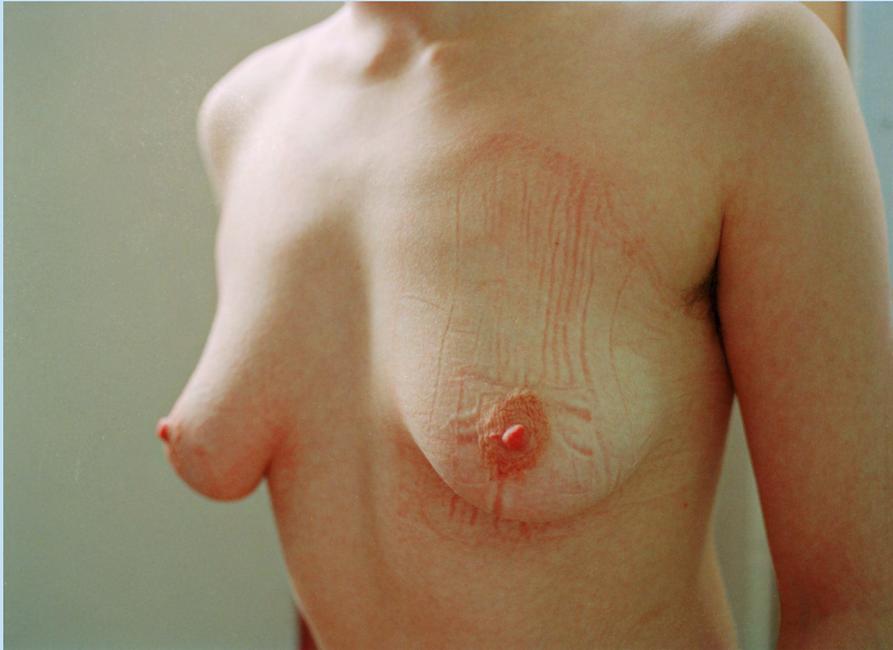
5/21/12 / Dr. Donnellan, MD

Oct 14, 2011 / went off Elavil (started 11/29/10 10mg, 4/13/11 up to 25 mg)

Dr. Donnellan prescribed *Cymbalta*, 20 mg – for 6 days take one every other day. Then take one per day. Return to see him in 2 weeks. took the first three pills at night before bed and woke up after 5 hours and was unable to go back to sleep. also felt a little nauseous 6/4/12 – Dr. Donnellan – upped Cymbalta to 30 mg once daily. is taking it in the morning and that seems to help with the upset stomach. said 's feeling better and the pain is slightly less, but 's glad to have the dose upped to 30 mg.







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6/13/12 / Went off Cymbalta (Dr. Donnellan said [redacted] could stop taking it at any point that [redacted] felt like it was making [redacted] worse and not better). [redacted] said [redacted]'s feeling cloudy, irritable

(because of feeling out of it) and moody. She's also feeling nauseous and having insomnia.

6/18/12 / Talked to Dr. Donnellan – [redacted] should not have stopped cold turkey and withdrawal can last a while. He suggested [redacted] take 30 mg for two days to get rid of the withdrawal symptoms and then go down to 20mg until he sees [redacted] again on July 15th. [redacted] was very opposed to going back on the medicine. We'll revisit in two days. 6/19 took 1 30 mg

6/20/12 / Dr. Whitmore Vestibulectomy with flaps scheduled for June 28th: had surgical clearance with Dr. Lavine 6/5 and had blood work done 6/5. Dr. Whitmore has done 15 surgeries w/flaps and 100 without. Success rate is 80% and only one person showed no improvement. Follow up care is extremely important

6/28/12 / Dr. Whitmore/Dr. O'Hare – [redacted] had a vestibulectomy without flaps. Dr. Whitmore said surgery went well and now we have to see the outcome. [redacted] is doing well, but numbing patches are still on and seem to be working.

They prescribed [redacted] Percocet for pain

8/12/12 / [redacted] said the top two glands are still very sensitive. [redacted]'s using the small dilator and that's going fine, but the muscles are very sore. The skin is very sensitive as well. It was uncomfortable when [redacted] was hot and sweaty.

9/4/12 / Dr. Kellogg – All is progressing except internal muscles (drugs are making it much worse). Gave [redacted] the Med + dilator to use in 2 weeks. Return in 5 weeks. Start PT asap. 9/7/12 / Debra Goldman – PT – performed evaluation. Gave [redacted] some tips on relaxing before doing the dilator. Set up several appointments.

9/10/12 / Spoke to Dr. Kellogg – both times it's been a bacterial infection, which is not uncommon when dilating. It's a positive/negative test only. [redacted] can choose to be treated or not depending upon whether [redacted]'s having symptoms (itching/odor, etc). If [redacted] doesn't want to be treated it's fine with Dr. Kellogg.

9/17/12 / [redacted] said [redacted]'s been feeling uncomfortable so I suggested [redacted] get the rx for the BV. [redacted] was prescribed *Tinidazole 500 mg, 4 tabs a day for 2 days*

9/19/12 / Debra Goldman – PT – not able to do much as [redacted]'s in pain, using biofeedback 10/9/12 / Saw Dr. Whitmore and not Dr. Kellogg. Dr. Whitmore said the skin at the bottom of the vaginal area is raw and that's what's causing the pain. She said the solution is to have the surgery with the flaps. She also said to discontinue PT as Debra said [redacted] doesn't have pelvic floor dysfunction or muscle spasms, but Dr. Whitmore said [redacted] most definitely does.

11/14/12 / pre op with Dr. Whitmore and Dr. O'hare. They will remove the two upper glands and repair the lower section of the vaginal area – vestibulectomy with flaps.

11/19/12 / second surgery. Dr. Whitmore performed a vestibulectomy with flaps. She said she had to do minimal flaps to achieve the results. She also gave [redacted] steroid shots in [redacted] pelvic muscles to reduce the pain as they're very sore.

12/03/12 / Dr. Whitmore's office called and [redacted] has a UTI. Prescribed *copra*  
12/20/12 / Dr. Kellogg – [redacted] has had [redacted] period for 11 days now. Dr. Kellogg said the incision is healing well. She wants [redacted] to do the small dialator for Dec, small plus for Jan, med for Feb and Med plus for Mar. She also prescribed birth control pills to help regulate [redacted] period and moods – *Lutera by Watson (generic)*. Prescribed *Cromolyn 5% topical*

1/15/13 / Called and asked to have Dr. Kellogg call re: yeast infection. Talked to Jen iorio at Dr. Kellogg's office and she called in a rx for *Tindazole 500 mg tablets – 8 tabs* to be taken over 2 days for BV. She thought [redacted] probably had BV not a yeast infection. If it's not better in a week, [redacted] needs to get in the office for a culture. BC Refill

2/5 / Follow up with Dr. Kellogg – there's no infection, Dr. Kellogg thinks its irritation from dialating. She wants [redacted] to use *Luvana Prebiotic Vaginal Moisturizer & Lubricant*, which is a lubricant that sticks to the vaginal lining

2/8 / Dr. Kellogg's office called. [redacted] has both bv and a yeast infection, just as [redacted] suspected. They prescribed *Fluconazole* for the yeast infection – 1 tab every 3 days, 3 tabs total; *Tinidazole 500 mg tablets* for the bv – 4 each day

3/19 / Follow up with Dr. Kellogg - no infection, Dr. Kellogg said to move to larger size dilator 4/2 – Follow up with Dr. Whitmore – there is still very localized pain at the two upper points near where the glands were (4 out of 5). She said it's probably just nerves healing from being so sensitive for so long. [redacted] thought the pain was from the lower area, but Dr. Whitmore confirmed it is not. She suggested [redacted] use lidocaine when dilating.

5/20 / Follow up with Dr. Kellogg – said continue to dilate 3x a week and said [redacted] was doing well. Wants to see [redacted] back in August. Gave [redacted] rx for *seasonique birth control*, cuts periods from 12 to 4 per year *generic Camrese by Teva*. [redacted]'s culture showed an overgrowth of bacteria

5/25/13 / went to Somerset peds. *Amoxicillin 2 tabs for 10 days* for sinus infection. No UTI showed up. Continue on Align.

5/30/13 / finally got Dr. Kellogg's office to call in *Tindamax (Tinidazole 500 mg tabs – 2 tabs – 2x daily for 2 days)*. Pharmacist said it's ok to take with amoxicillin.

June 2013 / stopped seeing Cara Seroy

6/29 / Follow up with Dr. Whitmore – agreed that [redacted] still has pain where the skenes glands were removed. Surgery to remove additional skin around those glands.

8/8/13 / Surgery

8/21 / Post op with Dr. Whitmore – very sensitive, continue to dialate and see Dr. Kellogg soon

10/23 / Dr. Kellogg – continue to dialate, has bv, prescribed *Tinidazole 500 mg – 4 tabs* in 48 hours, see Dr. Whitmore in 7 weeks







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11/22 / Dr. Bosin – BV infection – prescribed *metronidazole* – 250 mg – 1 tablet 3x daily for 7 days (Dr. Bosin thought a longer duration med would get rid of the infection better)

12/13/13 / Dr. Whitmore's office call. has BV and they called in rx for *Tindazole 500 mg 1 tab 4x a day* for 2 days

2/18/14 / Dr. Whitmore office visit. Not very productive, no clear next steps. Got rx for physical therapy. Return 5/20

2/24/14 / Dr. Whitmore's office called and has BV – called in RX for *Tindazole 500 mg 1 tab 4x a day* for 2 days.

Ordered refill of *Ketamine HCL Topical*.

2/24/14 / Physical Therapy – made initial consult with Erin Flynn at Atlantic Rehab. Appt 3/18 – seeing Erin 1x per week for 8 sessions

4/24/14 / Saw Dr. Bosin for possible BV. He is having tested for IC (interstitial cystitis) – said bladder seemed to be sensitive and it may all be related to vulvar pain. Dr. Bosin is performing a potassium sensitivity test

4/28/14 / Had potassium test for IC and Dr. Bosin confirmed has IC. Wrote Rx for *Elmiron 100 mg 1 tablet 3 x a day* and suggested a low oxalate diet.

4/29/14 / I spoke to Dr. Bosin as said was having pain and blood when peed. He said it may be the test, but may also be a UTI. He prescribed *Nitrofurantoin MCR 100 mg 1 tablet 2x a day* for 7 days.

5/23/14 / Dr. Whitmore – said's bladder is inflamed and prescribed *Uribel 1 cap 2x a day* (gave rx for 90 days), said had BV and prescribed *Tindazole 500 mg 1 tab a day* (gave rx for 90 days), got RX for indefinite PT, recommended see GI Dr. Asyia Ahmad 5/27/14 – Dr. Bosin – no exam, no real comments

5/28/14 / Katie at Dr. Whitmore's office – *Tindazole should be 1 tab, 4x a day* for 2 days. Follow up culture in one week. Katie will fax order to Dr. Hersh's office.

6/2/14 / Dr. Harris – SOHO OB/GYN – see separate diagnosis and treatment plan document, but basically... getting Botox and pudendal nerve injection for pelvic floor dysfunction, inserting IUD so doesn't have to take birth control which can make the pain worse, MRI to see if there's any damage

6/10/14 / Dr. Harris left a message, has yeast infection and called in RX for *metronidazole 500 mg 1 tab 2x daily* for 7 days and *diflucan (fluconazole 150 mg) 1 tab every 3 days* – 4 tabs total

6/16/14 / MRI: pelvic with and without contrast with approval number CC58273065 and a second spinal (lumbar) MRI with approval number 58273032. Hospital for Special Surgery



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6/22/14 /

Dr. Harris sent the following message: got back the mris, the lumbar spine is showing some disc degeneration of L5-S1, and some mild osteoarthritis and possible early sacroilitis, the mri of the pelvis is not showing endometriosis, it is showing some small varicose veins which i think are incidental and some aysemtric scarring which we will be treating with the botox and possible physical therapy, there looks like there may be a cartilage tear in the right hip and some issues with the left hip degeneration, all of this can be related to the pain, i would like to start with a physiatrist dr jaclyn bonder to see what she thinks of the back and hip. take the mri reports with you . she can access the images herself since she is up at cornell. her number is

6/16/14 / Blood work – draw at Dr. Harris office – results – notes from Dr. Harris

7/10/14 / Gramercy Surgical Center, 380 2nd Avenue #1000, NY 10010 – in network – Botox injections in pelvic muscles, Skyer IUD 58300 (preventative)-ended up using Mirena IUD, Pudental Nerve Block #64430, anesthesiologist covered under facility status, Dr. Harris. Dr. Harris doesn't want to do nerve block with steroids until it's confirmed that doesn't have Lymes (blood test came back positive/inconclusive)

6/30/14 / fax labs to Dr. Deshaw (Barbara) and he will look at them and decide if needs to be seen: Max Deshaw in Florham Park – infectious disease, Affiliated Medical Associates of Morristown

's ASO levels are high 962 vs normal 0-200. Dr. Deshaw said it could be from a previous infection

7/14/14 / Dr. Jaclyn Bonder – Physiatrist – NY

saw Dr. Bonder and she suggested see a rheumatologist for the sacroilitis. She told she thought the wear and tear on the hip might be normal, but wasn't sure

8/4/14 / Dr. Ahmad – Drexel Gastroenterologist – Dr. Whitmore suggested see Dr. Ahmad because of complaints of diarrhea since summer 2013. Requested stool culture for various tests (including giardia which can get from wells)

8/6/14 / Dr. Sebastian – Atlantic Rheumatology – will talk to Dr. Potter who read MRIs. She has some questions about why the sacroiliitis was identified as no blood work is supporting any inflammation. She thought the hip and spine may be related to fall since they're both on the same side. Ordered additional blood work for lymes and other tick borne illnesses

8/13/14 / Dr. Whitmore follow up – no show

8/13/14 / Dr. Ahmad – colonoscopy – all negative. Suggested an upper scope (not invasive – swallow a pill) to confirm no crohn's disease.

8/24/14 / having severe butt pain. (piriformis syndrome???) said 's been having the pain since around August 11th, but it's just gotten more severe

8/29/14 /                    went to CMU health services because                    pain was so bad. The doctor prescribed an antibiotic called *sulfamethoxazole* and thought it was probably a cyst

9/1/14 / Had peri-rectal abscess size of a baseball. Dr. Choudry performed surgery to drain the abscess and put a tube in for further draining.                    was in the hospital for five days and had the tube removed on 9/11.                    had a visiting nurse to help                    pack the incision so it could fully heal. After 24 hours the packing fell out and the incision closed.

9/23/14 /                    is seeing Kira for PT. Kira suggested                    see a therapist at Relationship Resolution – 5433 Walnut. She said a lot of the pain may be in                    's head as                    's so used to being in pain. Kira wants to work with the therapist at Relationship Resolution to develop a plan to help                    overcome the pain before                    considers further surgery.                    was very open to this approach.

12/17/14 / Dr. Harris – unprovoked pain seems better with *Gabapentin* – work toward 900 mg a day. Provoked pain still exists. Need to see Dr. Coleman – Ortho hip doctor and Grace Wright – Rheumatologist to get to the cause of the pain. Dr. Harris is sure something is causing the pain, but agrees working with drugs right now is the answer until                    can see the two specialists.

12/22 / Lillian – Affiliated Dermatology – use *Bensal* rx for warts on bottom of feet for 2 weeks, *Triamcinolone 0.1% cream* 2x daily for 2 weeks on arms; may have athlete's foot – use tinactin spray daily, use CeraVe moisturizer on arms

1/7/15 / Dr. Grace Wright – Rheumatologist in NYC – spondylitis (?) or start of sacroiliitis but nothing severe at all. Definite signs of inflammation (symptoms – loose, mucus stool; pelvic pain; IC). Wants                    to take NSAID anti-inflammatory (non-steroidal) for one month to see if it helps. Prescribed *Diclofenac Sodium 100 mg 1x a day (Voltaren)*

1/8/15 / Dana Cortese – PA in Dr. Blank's office NJ Center for Osteopaedics - for ganglionic cyst, had cyst drained, wear compression on wrist for 24 hours. Cyst has returned some on 1/9 – Dana said to use ice and compression

2/17/15 / David Lesondak, Fascial Specialist– He said it may be the psoas muscle issues

8/4/15 / Dr. Coleman – recommended hip surgery – Scheduled for 8/11/15

8/11/15 / outpatient surgery for hip impingement on both hips – removed excess bone on hip joint, repaired labrum and removed some bone to give psoas muscle more room. Psoas was very inflamed. Left side had more excess bone to remove and was the 'worse' hip.

11/1/15 and 11/7/15 / went to emergency room for spitting up blood, second time for panic attack. Got rx – *Protonix?*  
Seeing GI doctor 11/12/15



12/21/15 / Dr. Coleman – felt \_\_\_\_\_'s hips were flexible and said it would take up to 12 months for the entire area to heal to know if the pelvic pain would go away as a result of the surgery. Dr. Harris – said \_\_\_\_\_ is doing much better based on her exam. Said \_\_\_\_\_ should get internal pelvic PT and she will try to find someone in Pittsburgh. Stay on all meds for now. Dr. Harris also said it could be 12 months before they would know the full extent of the result of the surgery.

5/28/16 / \_\_\_\_\_ is having severe stomach cramps and went to the ER. Dr. Friend did bloodwork and an abdominal x-ray. No issues and said may be constipation. Gave \_\_\_\_\_ pain med and med for constipation.

6/1/16 / \_\_\_\_\_ saw Dr. Cho – GI doctor at UPMC re: cramps. She ordered a Stomach and Pelvic CT Scan, which is being done at 95 Madison Imaging at Morristown on 6/3. Dr. Cho prescribed *Dicyclomine 10 mg capsule* for cramping – 2x day (this is an IBS med) and *Amitiza 8 mcg capsule* – 2x day for chronic idiopathic constipation

7/29/16 / Surgery with Dr. Harris for vestibulectomy

September-December 2016 / \_\_\_\_\_ is seeing Rebecca Meehan for PT for stomach issues. She's not helping much with recovery from vestibulectomy

12/28/16 / Dr. Harris is confident surgery was successful and has decided \_\_\_\_\_ is not in physical pain, \_\_\_\_\_ needs to continue PT. Dr. Harris sent \_\_\_\_\_ to Niva Herzig, 200 Engel Street, Engelwood, NJ for a PT session. Dr. Harris knows Susan in Rebecca's office. \_\_\_\_\_ is continuing to see Rebecca Meehan for PT.

12/31/16 / Current meds: *Hyoscyamine .75 mg - 1 cap 2x a day – relieve pain, cramps/spasms of urinary tract – to replace Uribel / Gabapentin 600 mg total per day – 3 x a day / Zofran - Ondansetron Hcl 4mg – for nausea – taking as needed / Amitiza 8 mcg capsule – 2x day for chronic constipation*

12/29/17 / Dr. Harris – outpatient procedure – pap, botox injections and steroid injections 3/23/18 – Saw a dermatologist and she did a patch test for household allergens. \_\_\_\_\_ is allergic to gold (thiosulfate (gold+1)). \_\_\_\_\_ small rash doesn't seem to be an issue for her or the doctor.

Mirena IUD – inserted 7/9/14 by Dr. Harris, should be removed by 7/9/19. \_\_\_\_\_ got it replaced in Pittsburgh on 6/12/18. \_\_\_\_\_ was having spotting and felt like the hormones ended. 11/23/17 / stopped taking all meds summer 2018

Supplements: probiotic blend, calcium +D, B12, digestive enzyme

Marisa – Counselor, Lara Henke - PT

Mirena IUD – inserted 6/12/18 by Pittsburgh Midwife Center. Should be removed in 5 years. Very painful insertion, \_\_\_\_\_ said it was the worst procedure \_\_\_\_\_ has gone through. Look into Dr. Fowler in AZ





COMPARISON: There are no studies available for comparison at this time.

went to see Dr. Hamod in Maryland, said he was patronizing, thinks [redacted] has vaginismus and pudendal neuralgia. Wants [redacted] to go on anti-anxiety medication before treating or won't treat [redacted].

May 2019 / Ketamine Infusions -- too high a dose first time, hallucinations and vomiting, second infusion better

May 2020 / ketamine infusions -- insurance won't cover, find studies

Testosterone Free + Total		01/17/2020 12:22		
Description	Result	Flags	Range	
Albumin	5.0		3.5-5.2	
FREE TESTOSTERONE	45.09	H	0.77-9.30	
SEX HORM.BIND.GLOB.	42		18-144	
TESTOSTERONE, TOT.,S.	285.3	H	8.4-48.1	
<b>Comments</b>				

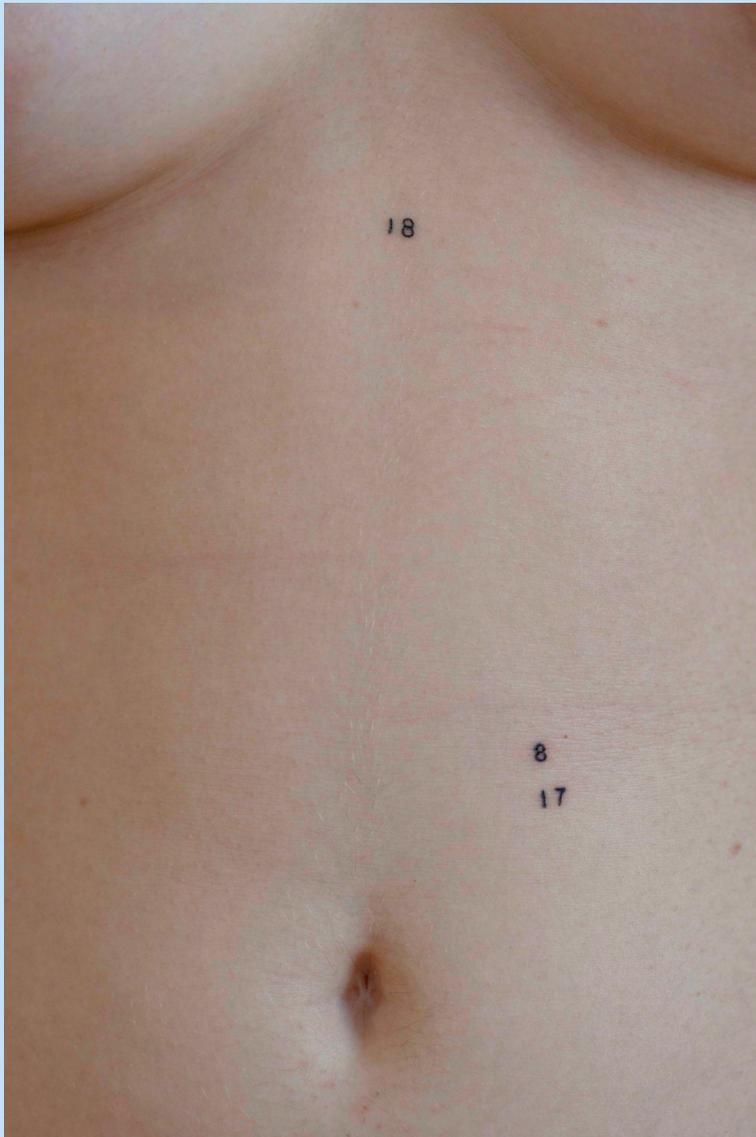
# image index

01	<i>Vulvar Cast</i> Large-format Scan 2020	09	<i>Blisters, Tremor</i> 35mm Positive Scan 2019	17	<i>sunburnt</i> Large-format Scan 2020
02	<i>Childhood Bedroom (Post-Op)</i> 35mm Scan 2015	10	<i>X-Ray with Piercings</i> Silver Gelatin Print 2017	18	<i>Ultrasound, In-office</i> 120mm Scan 2014
03	<i>Aleem (as Self)</i> Large-format Scan 2020	11	<i>bloated</i> 35mm Scan 2016	19	<i>Novelty Timer</i> 35mm Scan 2020
04	<i>Glass Dilator</i> Digital Image 2018	12	<i>Dye</i> 35mm Scan 2020	20	<i>A Stretch</i> 35mm Scan 2020
05	<i>self-exam</i> Large-format Scan 2020	13	<i>Pediatric Medication Tube</i> Large-format Scan 2020	21	<i>Sitz-Bath</i> 35mm Scan 2020
06	<i>Vestibulectomy Diagram (No. 04)</i> Found Drawing 2016	14	<i>Not a Period</i> 35mm Scan 2015	22	<i>Untitled (Self-Portrait)</i> 35mm Scan 2017
07	<i>Dermatographia</i> 120mm Scan 2020	15	<i>nail, tack, razor</i> Large-format Scan 2020	23	<i>infertile, obviously</i> 120mm Scan 2019
08	<i>practice makes perfect</i> Large-format Scan 2020	16	<i>TransTape</i> 120mm Scan 2019	24	<i>Specimen Tube</i> Digital Image 2017

# image index

- 25 *Self-Portrait (Post-Op)*  
35mm Scan  
2016
- 26 *K-Hole*  
120mm Scan  
2019
- 27 *Good Oral Hygiene*  
Large-format Scan  
2019
- 28 *Sub-Q Needles*  
Large-format Scan  
2020
- 29 *Self-Portrait*  
Large-format Scan  
2019

# body index



BODY INDEX \*

1	Internal Physical Therapy / Dilation	2010-2018
2	Vestibulectomy (Full, Partial, Skene's Removal)	2012, 2013, 2014, 2016
3	Cortisone and Lidocaine Injections **	2012-2014
4	Potassium Sensitivity Test (PST, Obsolete)	2012
5	Vaginal Biopsy (without Consent)	2012
6	Pudendal Nerve Block	2013, 2014, 2016
7	Ganglion Cyst Draining	2014, 2015
8	Abdominal Ultrasound	2014, 2016, 2018
9	Abscess Draining (5oz Abscess, Rubber Drain Sew-In)	2014
10	IUD Insertion	2014, 2018
11	Lumbar MRI	2014
12	Pelvic MRI	2014
13	Botox Injections	2014, 2016, 2018
14	Intra-Articular Hip Injections **	2015
15	Double Hip Arthroscopy (Psoas Lengthening) **	2015
16	Colonoscopy	2015
17	Abdominal CT	2016, 2017
18	Chest X-Ray	2017
19	Wisdom Teeth Extraction	2018
20	Ketamine Infusions	2019 - Ongoing
X <sub>1-2</sub>	Testosterone Injections **	2020 - Ongoing

\* Index excludes 14 cosmetic piercings, 26 oral medications, all blood draws, vaccines, and temporary intravenous catheters

\*\* Multiple locations noted