XXXX - Essure Case Review

Case Report

Parameter	Findings	Bates Ref	PDF Ref
First Name	XXXX	MR - XXXX - 000001	190
Initial	XXXX		
Last Name	XXXX		
DOB	MM/DD/YYYY		
Preexisting conditions, allergies or contraindications for placement of Essure	**As on 07/23/2013:** Patient denies to being allergic to nickel.	MR - XXXX Women`s Health - 000020	1098
Prior IUD placement, OB/GYN medical issues from history	**07/03/2008:** Intrauterine Device (Mirena 20 mcg/24 hour) -placement. **08/03/2010:** Post coital spotting vaginal discharge/irritation. Diagnosed with candidiasis of vulva and vagina **10/14/2011:** Menstrual cycles are irregular due to Mirena. Scant white discharge in vagina. Mild bleeding in cervix. **04/05/2012**: Menses are currently irregular secondary to IUD. **03/12/2013**: The patient states she has not had menses since having IUD placed. Since the IUD placement, the patient reports non-menstrual bleeding. Also complains of vaginal discharge with foul odor to it. She notices this when she is spotting. Irregular menses, Bacterial vaginitis	MR - XXXX Women`s Health - 7.3.08 to 4.5.12 – 000022, MR - XXXX Women`s Health - 7.3.08 to 4.5.12 - 000014-000017, MR - XXXX Women`s Health - 7.3.08 to 4.5.12 - 000009-000011, MR - XXXX Women`s Health - 7.3.08 to 4.5.12 - 000001-000003, MR - XXXX Women`s Health - 000001-000003	1441, 1433-1436, 1428-1430, 1420-1422, 1079-1081
Smoking history	Never smoker	MR - XXXX Women`s Health - 000011-000013	1089-1091
Age at the time of Essure Implant	**As on 07/23/2013:** 39 years old	MR - XXXX Women`s Health - 000018	1096
Body Mass Index (BMI) when Essure was implanted	**07/12/2013: BMI:** 35.8 kg/m2 *(Calculated)* **Weight**: 202 lbs **Height:** 5 feet 3 inches *(Taken from visit dated 07/08/2013)*	MR - XXXX Women`s Health - 000015, 000013	1093, 1091
Phase of menstrual cycle during Essure	**Reviewer's comment: Her LMP has been limited to spotting since Depo Provera given on*		

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Placement	*07/12/2013 but her urine pregnancy test is negative on the date of Essure placement (07/23/2013)*		
Duration between prior pregnancy and Essure placement	**Prior pregnancy:** 04/30/2008 **Essure placement date:** 07/23/2013 **Duration**: 5 years 2 months	MR - XXXX Women`s Health - 000011-000014, 000020-000021	1089-1092, 1098-1099
Warnings given to Patient	Yes Essure and bilateral tubal ligation procedures, risks, benefits, and alternatives discussed with patient and she wishes to proceed with Essure. She understands that she will need to use a good method of contraception until hysterosalpingogram confirms bilateral tubal occlusion which is generally 3-6 months after placement of the Essure devices. Essure Medicaid Consent signed on 05/06/2013.	MR - XXXX Women`s Health - 000015	1093
Date of Essure placement	07/23/2013	MR - XXXX Women`s Health - 000020-000021	1098-1099
Reason for Placement and Procedure	**Reason:** Permanent sterilization **Procedure**: Hysteroscopic insertion of bilateral Essure fallopian tube micro-inserts	MR - XXXX Women`s Health - 000020-000021	1098-1099
Essure details	**Name of implant:** Essure **Lot number**: 927081 **Reference number:** ESS305 **Reviewer's comment: Essure implant label is not available; the above information is taken from the operative report dated 07/23/2013*	MR - XXXX Women`s Health - 000020-000021	1098-1099
Number of attempts for successful placement of Essure	Essure was placed successfully in the first attempt	MR - XXXX Women`s Health - 000020-000021	1098-1099
Birth control measures for 3 months following placement	**07/12/2013:** Depo Provera IM 150 mg/ml given; Left Mirena IUD in place to help with dysmenorrhea and menses **Reviewer's comment: Mirena IUD was removed on 07/23/2013.*	MR - XXXX Women`s Health - 000015-000016, MR - XXXX Women`s Health - 000017	1093-1094, 1095
Complications during Essure placement	None		

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Complications immediately after Essure placement	**07/29/2013:** Admits to mild menstrual like cramping. Patient also complains of increased night sweats for one week.	MR - XXXX Women`s Health - 000022-000023	1100-1101
Diagnostic test performed to confirm bilateral tubal blockage following Essure placement	**10/28/2013: Hysterosalpingogram (HSG):** The Essure implants appear to be in satisfactory position. There was no intraperitoneal spill of contrast consistent with bilateral occlusion of fallopian tubes. A small amount of intravasation of contrast occurred during the procedure.	MR - XXXX Women`s Health - 000025-000026	1103-1104
Details regarding pregnancy (If reported) following Essure placement	Pregnancy not reported after Essure placement		
Autoimmune-Like Symptoms (Hair Loss, Fatigue, Joint Pain and Rashes)	**09/12/2013, 10/31/2013, 01/02/2014, 02/27/2014, 05/01/2014**: Numbness and tingling in legs **06/05/2014:** Numbness in extremities **06/30/2014:** Fatigue **07/24/2014, 08/28/2014, 10/30/2014, 12/18/2014:** Numbness in extremities **03/19/2015, 05/21/2015:** Numbness and tingling in legs **07/23/2015**: Numbness in extremities **08/06/2015:** Fatigue **03/09/2017:** Chronic fatigue **05/30/2017, 03/05/2018, 07/10/2018, 10/16/2018, 02/05/2019, 05/22/2019, 02/19/2020**: Fatigue	MR - XXXX - 000397-000401, 000415-000420, 000409-000414, 000421-000426, 000405-000408, 000402-000404 8B7B13342F894C66BF24, XXXX, 145-149 MR - XXXX - 000393-000396, 000388-000392, 000383-000387, 000375-000379, 000364-000369, 000358-000363, 000353-000357 MR - XXXX Women`s Health - 000071-000075 MR - XXXX Medical Center - 000039-00004 8B7B13342F894C66BF24, XXXX, 85-89, 76-80, 71-76, 66-71, 52-57, 48-52, 19-25, 10-16	1962-1967, 1956-1961, 1950-1955, 1946-1949, 1943-1945, 1938-1942, 1325-1329, 1934-1937, 1929-1933, 1924-1928, 1916-1920, 1905-1910, 1899-1904, 1894-1898, 1149-1153, 39-

Parameter	Findings	Bates Ref	PDF Ref
			42, 1265-1269, 1256-1260, 1251-1256, 1246-1251, 1232-1237, 1228-1232, 1199-1205, 1190-1196
Further complications post Essure placement & Interventions for the same	**11/11/2013**: White-colored vaginal discharge present **01/23/2014**: Dysmenorrhea. Advised to continue Depo-Provera for heavy menses and dysmenorrhea. Recommended to repeat HSG because of minimal extravasation of dye at last HSG. 1 ml of Depo Provera given **04/23/2014:** 150 mg of Depo Provera given **05/21/2014:** Dysmenorrhea and Right Lower Quadrant (RLQ) pain. Assessed with uteromegaly. Recommended ultrasonogram for uteromegaly. **05/30/2014: Ultrasound pelvis complete with transvaginal:** Normal uterus and endometrium. Small amount of free fluid likely physiologic. Small echogenic foci seen in the fundus on each side consistent with Essure prostheses. **06/02/2014:** Abdominal pain, lower abdomen **07/24/2014:** 1 ml of Depo Provera given **10/28/2014, 02/10/2015**: 150 mg of Depo Provera given	MR - XXXX Women`s Health - 000028-000030, 000031, 000041-000044, 000045-000046, 000050, 000051, 000052, 000054-000057, 000059-000062, 000063, 000071-000075, 000070, 000076-000079  A1062A78549849D1B73E, XXXX, 194-195  MR - XXXX Women`s Health - 000080, 000081-000084 MR - XXXX - part 1 - 000172-000173	1106-1108, 1109, 1119-1122, 1123-1124, 1128, 1129, 1130, 1132-1135, 1137-1140, 1141, 1149-1153, 1148, 1154-1157, 675-676, 1158, 1159-1162, 405-406

Parameter	Findings	Bates Ref	PDF Ref
	03/17/2015: Frothy smooth yellow-colored discharge present. Assessed with vulvovaginitis, discharge of vagina, mild cervicitis. Prescribed Diflucan 150 mg, Flagyl 500 mg **05/06/2015:** NuSwab + for bacterial vaginosis despite mild changes on Wet prep last time similar to this time therefore will treat with Flagyl. Reports intermittent pain with intercourse and generally bad pain after intercourse. Assessed with bacterial vaginosis, candidal vulvovaginitis. Prescribed Diflucan and Flagyl. 150 mg of Depo Provera given **08/06/2015:** Dysmenorrhea, hot flashes, and mental instability and pelvic pain. 150 mg of Depo Provera given **09/21/2015**: Pelvic pain, dyspareunia. Reports increasing vaginal infections beginning approximately 4-6 months ago. Patient desires surgery secondary to pre-menopausal status and sexual activity. **10/22/2015**: Patient was having menorrhagia with clots and was seen by Urogynecology with a recent Depo-Provera injection **11/12/2015**: 1 ml of Depo Provera given **12/11/2015:** Dyspareunia. Patient desires to proceed with Total Laparoscopic Hysterectomy(TLH)/Bilateral Salpingectomy (BS) **12/15/2015**: Dyspareunia		
Details of the Essure Removal Surgery	**12/15/2015:** Total laparoscopic hysterectomy, bilateral salpingectomy, McCall culdoplasty, and cystoscopy under general anesthesia	MR - XXXX - part 1 - 000172-000173	405-406
Reason for removal and method of removal	**Reason for removal:** Dyspareunia **Method of removal:** Bilateral salpingectomy	MR - XXXX - part 1 - 000172-000173	405-406

Parameter	Findings	Bates Ref	PDF Ref
Details of the Essure removal surgery	**Details of procedure:** The patient's right fallopian tube was identified and elevated at the fimbriated and with the use of the Ligasure device, the mesosalpinx was incised up to the uterine cornu with goad hemostasis noted. The uterine ovarian ligament was then isolated, cauterized, and transected with the LigaSure device Attention was then turned to the left side of the pelvis, at which time, the left fallopian tube, left uterovarian ligament, as well as left round ligament each time were isolated, cauterized, and transected with the Ligasure device.		
Is there a pathology report from the removal surgery?	**12/18/2015:** **Final diagnosis:** **Fallopian tubes** • Metallic material within lumen consistent with a prior sterilization	MR - XXXX Women`s Health - 000090-000091	1168-1169
Condition of the patient post removal procedure	**01/20/2016:** Minimal amount of light yellow/brown discharge noted in vault secondary to dissolution of suture **04/13/2016:** Vaginal discharge noted after intercourse. Vaginal/vulvar itching or irritation. Assessed with candidiasis of vulva and vagina, discharge from the vagina. Prescription for Nystatin cream and Diflucan given. **11/09/2016:** Vaginal discharge. Assessed with Candidiasis vulvovaginitis, Discharge from the vagina. Wet prep positive for yeast. Prescription for Diflucan given. **04/07/2020:** No abdominal pain. No fatigue. Return to office on 07/13/2020	MR - XXXX Women`s Health - 000095-000097, 000101-000103, 000104-000106 8B7B13342F894C66BF24, XXXX, 5-10	1173-1175, 1179-1181, 1182-1184, 1185-1190

Patient History

Past medical history: Hypertension, obesity, stage III colon cancer, anxiety, hyperlipidemia, chronic rhinitis
(PDF ref: 663-664, 127) (Bates ref: A1062A78549849D1B73E, XXXX, 182-183, MR - XXXX Medical Center - 000127)
Past Surgical history: Reduction mammoplasty; Laparoscopic left colectomy with splenic flexure takedown and cholecystectomy 09/2009, repair of ventral incisional hernia with mesh on 10/01/2015, dilation and curettage, lumpectomy
(PDF ref: 665, 663, 558-559, 1084) (Bates ref: A1062A78549849D1B73E, XXXX, 184, 182, 77-78, MR - XXXX Women`s Health - 000006)
Family history: Maternal grandmother: Liver cancer. **Maternal cousin, maternal aunt, paternal aunt, maternal niece, paternal niece**: Breast cancer. **Mother:** Arthritis, high cholesterol, type II diabetes, hypertension. **Grandmother**: Heart disease. **Grandfather**: Stroke. Father: Myocardial infarction
(PDF ref: 663, 131, 525, 127) (Bates ref: A1062A78549849D1B73E, XXXX, 182, MR - XXXX Medical Center - 000131, A1062A78549849D1B73E, XXXX, 44, MR - XXXX Medical Center - 000127)
Social history: No history of alcohol, tobacco or substance abuse
(PDF ref: 663) (Bates ref: A1062A78549849D1B73E, XXXX, 182)
Allergies: Aspirin, which causes bruising and Lipitor which causes aching
(PDF ref: 663) (Bates ref: A1062A78549849D1B73E, XXXX, 182)

Detailed Chronology

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
07/03/2008	XXXX XXXX, M.D. XXXX, CNM	**Office visit for postpartum examination:** The patient is a G 3 P 2 34-year old African American female who presents for a postpartum exam. She is now 6 weeks out from an uncomplicated vaginal delivery. She has not had any significant problems since her delivery. The patient is not breast feeding. The patient would like to use an Intrauterine Device (IUD) for contraception. Since delivery she has used antihypertensive medication. **Physical examination**: **Genitourinary:** **External genitalia:** Normal appearance for age, no discharge or inflammatory lesions present **Vagina:** No discharge present, no inflammatory lesions present, no masses present, normal vaginal vault **Cervix**: Appearance healthy, no lesions present,	MR - XXXX Women`s Health - 7.3.08 to 4.5.12 - 000020-000021	1439-1440

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		nontender to palpation, no discharges, no bleeding present, normal midline position, cervix consistency normal **Uterus**: Nontender to palpation, no masses present, contour; smooth to palpation, position midline/midplane, size normal, shape normal, mobility: normal **Adnexa**: No adnexal tenderness present, no adnexal masses present **Assessment:** • Post-partum follow-up • Contraceptive **Plan:** • Resume all normal activity • **Follow-up appointment:** One month		
07/03/2008	XXXX XXXX, M.D. XXXX, CNM	**Procedure note for Mirena placement:** **Preoperative diagnosis:** Desires placement of Intrauterine Device **Procedure:** Placement of Mirena Intrauterine Device **Indication/Consent:** Patient is status post vaginal delivery presents today for placement of an IUD. She has been counseled on options for contraception including oral contraceptives, Depo Provera, the contraceptive patch, the contraceptive vaginal ring, as well as permanent sterilization. After careful consideration she has decided to undergo placement of a Mirena IUD. Pregnancy test was indicated. It was negative. The patient was counseled on the risks and benefits of IUD use. She has read and signed a detailed patient information and consent brochure on placement and use of the IUD. **Description of Procedure:** With the patient in the dorsal lithotomy position a speculum was placed in the vagina and the cervix was visualized. There was no significant vaginal or cervical discharge noted. The cervix was cleaned with Betadine. A single-	MR - XXXX Women`s Health - 7.3.08 to 4.5.12 - 000022	1441

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		toothed tenaculum was then placed on the anterior lip of the cervix for traction. The uterus was then sounded to 9 cm. Under sterile conditions the IUD was then placed through the cervix into the endometrial cavity without difficulty. The strings were then trimmed to a length of approximately 2-3 centimeters. The tenaculum was the removed from the cervix and good hemostasis was noted. The speculum was then removed from the vagina. **Disposition:** The patient tolerated the procedure without significant difficulty. She was counseled on refraining from intercourse for approximately 24 hours and to contact the office if she experienced any significant pain, bleeding or fever. Follow-up in 1 month		
		**Reviewer's comment: Interim medical records for the period 07/03/2008-08/03/2010 are not available for review.*		
08/03/2010	XXXX XXXX, M.D. XXXX, N.P.	**Office visit for annual gynecological examination:** Patient's last normal menstrual period is uncertain secondary to irregular bleeding. She presents today for her annual exam. Her last pap was approximately 10/26/2007 ago and with normal results. Her menses are irregular occurring very unpredictably. She describes her menstrual flow as varies and has had occasional spotting. She describes mild cramps of 1-day duration. She is sexually active and uses an IUD for contraception. She reports post coital spotting. She is having significant problems which include vaginal discharge/irritation. **Review of systems: Genitourinary:** Irregular menses, vaginal discharge, post-coital bleeding **Psychiatric:** Anxiety, difficulty sleeping **Wet mount:** Trichomonas: Negative Clue Cells: Negative	MR - XXXX Women`s Health - 7.3.08 to 4.5.12 - 000014-000017	1433-1436

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		Hyphae: Negative Buds: Positive Whiff Test: Negative **Assessment:** Candidiasis of vulva and vagina **Plan:** Terazol 3 Vaginal Cream 0.8 %. Return in 1 year for physical examination The patient was also informed to notify her oncologist that she has a Mirena IUD for birth control to see if the progesterone in the IUD will cause problems with treatment or her cancer.		
08/05/2010	XXXX	**Labs:** **Collected date:** 08/03/2010 Chlamydia trachomatis, Neisseria gonorrhoeae: Negative	MR - XXXX Women`s Health - 7.3.08 to 4.5.12 - 000018	1437
08/06/2010	XXXX XXXX, Cytotechnologist (ASCP)	**Cytology report:** **Collected date:** 08/03/2010 **Source:** Cervical; Endocervical **Diagnosis:** Negative for intraepithelial lesion and malignancy.	MR - XXXX Women`s Health - 7.3.08 to 4.5.12 - 000019	1438
09/22/2010	XXXX Medical Center XXXX, M.D.	**Office visit for chest pain:** **Sexual activity:** Monogamous relationship. Regular condom use, careful partner selection **Reviewer's comment: Only case relevant information captured from this visit.*	MR - XXXX Medical Center - 000127-000129	127-129
10/01/2010	XXXX Medical Center	**Labs:** **POC Pregnancy:** Negative	A1062A78549849D1B73E, XXXX, 51	532
12/03/2010	XXXX	**Follow-up visit intake:** **Review of systems: Endocrine**: Low sex drive	MR - XXXX - 000323-000324	1864-1865
03/24/2011	XXXX Medical Center XXXX, N.P.-C.	**Office visit for annual physical examination:** **Sexual activity:** Monogamous relationship. Regular condom use, careful partner selection	MR - XXXX Medical Center - 000118-000120	118-120

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		**Reviewer's comment: Only case relevant information captured from this visit.*		
03/31/2011	XXXX Medical Center XXXX, N.P.-C.	**Office visit for urinary tract infection:** **Assessment**: Urinary Tract Infection (UTI) - Resolved. PPD is negative Follow-up as needed	MR - XXXX Medical Center - 000115	115
10/14/2011	XXXX XXXX, M.D. XXXX, CNM	**Office visit for annual gynecological examination:** Patient's menstrual cycles are irregular due to Mirena. Her last pap was approximately 1.2 years ago and with normal results. She describes her menstrual flow as varies and has had occasional spotting. She describes mild cramps of 1-day duration Patient states when she tries to have a bowel movement, when she wipes her vaginal area, she sees blood. She would like to discuss an Essure. Pharmacy-Kerr Drug-Warrenton, or Medical Arts if she is being seen in the office. **Medication list:** Significant for Mirena IUD 20 mcg/24 hour; Terazol 3 Vaginal Cream 0.8 % **Review of systems:** **Genitourinary:** Frequency, irregular menses **Physical examination**: **Vagina:** Scant white discharge present **Cervix:** Mild bleeding present **Assessment:** Gynecological exam **Plan:** Return in 1 year for physical examination. Patient given Essure brochure	MR - XXXX Women`s Health - 7.3.08 to 4.5.12 - 000009-000011	1428-1430
10/21/2011	XXXX	**Cytology report:** **Collected date:** 10/14/2011	MR - XXXX Women`s	1432

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
	XXXX, Cytotechnologist (ASCP)	**Source:** Cervical; endocervical **Interpretation:** Unsatisfactory for evaluation. **Adequacy:** Specimen processed and examined, but unsatisfactory for evaluation because of insufficient squamous component. The preparation consists almost entirely of red blood cells	Health - 7.3.08 to 4.5.12 - 000013	
04/05/2012	XXXX XXXX, M.D.	**Office visit regarding permanent sterilization:** This is a 38-year old Black/African American female G 3, P 2 whose LMP was 04/2008. She requests permanent sterilization. Her menses are currently irregular secondary to IUD. The patient's past medical and social history are notable for colon cancer. She denies a history of smoking, hypertension, and diabetes. The patient has had Mirena IUD since 2008. She requests Bilateral Tubal Ligation (BTL). **Review of systems: Genitourinary:** Irregular bleeding Height: 5 feet 3 inches; Weight: 215 lbs; BMI: 38.15 kg/m2 **Physical examination:** **Genitourinary: External Genitalia:** Bloody discharge **Cervix**: Blood present in os, closed **Assessment:** • Abnormal uterine bleeding • Contraceptive management **Plan:** Discussed with patient irregular bleeding not uncommon with the Mirena IUD Discussed with patient that since she is not having any problems with her Mirena IUD would continue until effectiveness has expired. Will plan to follow-up as needed.	MR - XXXX Women`s Health - 7.3.08 to 4.5.12 - 000001-000003	1420-1422
04/07/2012	XXXX	**Labs:**	MR - XXXX	1423

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		Collected date: 04/05/2012 Chlamydia trachomatis, Neisseria gonorrhoeae: Negative	Women`s Health - 7.3.08 to 4.5.12 - 000004	
06/07/2012	XXXX Medical Center XXXX, N.P.-C.	**ER Follow-up visit for fever and pain:** **Sexual activity:** Monogamous relationship. Regular condom use, careful partner selection **Reviewer's comment: Only case relevant information captured from this visit.*	MR - XXXX Medical Center - 000110-000111	110-111
10/18/2012	XXXX Medical Center XXXX, N.P.-C.	**Follow-up visit for hypertension:** **Sexual activity:** Monogamous relationship. Regular condom use, careful partner selection **Reviewer's comment: Only case relevant information captured from this visit.*	MR - XXXX Medical Center - 000097-000100	97-100
02/27/2013	XXXX Medical Center XXXX, M.D.	**Office visit for urinary symptoms:** Urinary frequency, moderate symptoms, suprapubic pain/pressure Urinalysis: Leukocyte esterase: 2+, Nitrite, blood: 1+ **Assessment:** UTI **Plan:** Bactrim DS 150 mg, Diflucan 150 mg twice daily Follow-up as needed.	MR - XXXX Medical Center - 000085-000086	85-86
03/12/2013	XXXX Women's Health XXXX, M.D. XXXX, N.P.	**Office visit for bleeding, vaginal odor:** This is a follow-up visit for this 39-year old Black/African American female, Gravida 3 Para 2, who had an Intrauterine Device (IUD) placed 07/03/2008. Her LMP was 5 years ago. The patient states she has not had menses since having IUD placed. Since the IUD placement, the patient reports non-menstrual bleeding. She denies dyspareunia, heavy bleeding, and fever. She states she has had spotting off and on for the past two months. The patient also complains of vaginal discharge with foul odor to it.	MR - XXXX Women`s Health - 000001-000003	1079-1081

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		She notices this when she is spotting **Medication:** Mirena Intrauterine IUD 20 mcg/24 hour **Reproductive history:** Gravida 3 Para 2 0 2 2 and premenopausal **Review of systems: Genitourinary:** Irregular menses, vaginal odor **Physical examination** **Constitutional: Appearance:** Obese **Genitourinary** **External genitalia**: Normal appearance for age, no discharge or inflammatory lesions present **Vagina**: Normal appearing vaginal vault, well estrogenized, well-rugated, blood-tinged discharge present, without significant rectocele **Bladder**: Nontender to palpation **Urethra** **Urethral Body**: Urethra palpation normal, urethra structural support normal **Urethral Meatus**: No erythema or lesions present **Cervix**: Healthy appearance, without abnormal lesions, nontender to palpation, no abnormal discharge, no abnormal bleeding, RID string present **Uterus**: Nontender to palpation, no masses present, Contour: Smooth to palpation, position midline/midplane, size normal, shape normal, mobility: normal **Adnexa:** No adnexal tenderness present, no adnexal masses present **Perineum**: Perineum within normal limits, no evidence of trauma, no rashes or skin lesions present **Anus**: Anus within normal limits, no hemorrhoids present **In office procedure results:** **Pregnancy test**: Negative **Wet Mount:** Trichomonas: Negative Clue Cells: Positive		

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		Hyphae: Negative Buds: Negative Whiff Test: Positive **Assessment** • Irregular menses • Bacterial vaginitis **Plan:** Flagyl 500 mg, Provera 10 mg Follow-up in 2 weeks.		
03/15/2013	XXXX Health XXXX *(Credentials unknown)*	**Transabdominal ultrasound of the pelvis:** **History:** IUD placement **Impression:** • Echogenic structure consistent with an IUD is demonstrated in the uterus within the mid to upper aspect toward the fundus. • Unremarkable appearance of the ovaries on transabdominal scanning	MR - XXXX Women`s Health - 000004	1082
05/06/2013	XXXX Women's Health XXXX, D.O.	**Office visit to discuss about bilateral tubal ligation:** This is a 39-year old Black/African American female G 3, P 2 whose LMP was spotting. She requests BTL. Her menses are currently irregular have normal flow, last for 2 days, and are without significant dysmenorrhea. The patient's past medical and social history are unremarkable. She denies a history of smoking. The patient has been using IUD 5 years. She requests BTL. **Medication:** Mirena IUD 20 mcg/24 hour, Provera oral tablet 10 mg **Physical examination**: **Abdominal Examination:** Abdomen nontender to palpation, tone normal without rigidity or guarding, no masses present, healed midline incision present, umbilicus without lesions. **Assessment:** Sterilization **Plan:** Instructions: Medicaid papers signed today. Will do when mature	MR - XXXX Women`s Health - 000006-000007	1084-1085

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05/20/2013	XXXX Medical Center XXXX, N.P.-C.	**Follow-up visit for evaluation:** **Sexual activity**: Monogamous relationship. Regular condom use, careful partner selection **Reviewer's comment: Only case relevant information captured from this visit.*	MR - XXXX Medical Center - 000082-000084	82-84
07/08/2013	XXXX Women's Health XXXX, D.O.	**Office visit to discuss permanent sterilization:** **Chief complaint:** Desires permanent sterilization This is a 39-year old Black/African American female G3 P2022 whose LMP was no cycles due to IUD. **Chief complaint:** **Desires permanent sterilization**. **Duration:** 05/06/2013. Other complaints: No problems. She uses Mirena IUD for contraception. **Last Pap:** 10/14/2011 She comes in for discussion of surgery consisting of laparoscopic BTL secondary to desire for sterilization. She will have surgery on 07/10/2013 at XXXX Medical Center. **Discussion of procedure:** Patient appears to understand the risks/benefits/alternatives of the procedures and wishes to proceed with the planned procedure. She appears to understand the risk of bleeding that could result in a blood transfusion and the risks of a blood transfusion including, but not limited to: Allergic reaction; and developing Hepatitis, Acquired Immunodeficiency Syndrome (AIDS), or some other blood borne infection. She also appears to understand the risk of infection and cardiac arrest. She also appears to understand the specific risks associated with this/these particular procedures as outlined on the Operative Permit patient appears to understand that sterilization is a permanent procedure. She also appears to understand the failure rate of 1/200 women years (i.e. if 200 women have sterilization this year you can expect on average for 1 of these 200 women each year to get pregnant). In addition,	MR - XXXX Women`s Health - 000011-000014	1089-1092

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		she appears to understand that should she become pregnant that there is a greater chance than usual of the pregnancy being an ectopic pregnancy and the need for immediate evaluation should she have abnormal menses/bleeding, amenorrhea (i.e. miss her period), or have low abdominal/pelvic pain. Patient also appears to understand that there are methods of contraception (birth control) other than permanent sterilization including, but not limited to, Depo-Provera, birth control pills, contraceptive patch, contraceptive ring, barrier methods of contraception, etc. but she wishes to proceed with permanent sterilization. **Medication list:** Mirena Intrauterine IUD 20 mcg/24 hours, 07/03/2008 place 1 device by intrauterine route once a day for 1825 days; Provera oral tablet 10 mg **Reproductive history:** Age Menarche: 11; Last menstrual period: 08/01/2007. Menses duration: 3 days. Menopause status: Premenopausal. Flow: Light. Pregnancy summary: Total Pregnancies: 3 Full Term: 2 Premature: 0 Abortion induced: 1 Abortion spontaneous: 1 Ectopic: 0 Multiples: 0 Living: 2 Pregnancy details: 04/30/2008; birth weight 6 lbs; vaginal delivery, epidural anesthesia. Complications: Chronic HTN, oligo. **Weight**: 202 lbs. **Height:** 5 feet 3 inches *(Taken from visit dated 07/08/2013)* **BMI:** 35.8 kg/m2 *(Calculated)* **Assessment:** Sterilization **Plan:** Abstain from sexual intercourse for 2 weeks		

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		Anticipate pain in shoulders radiating to the neck Hospital discharge instructions sheet given to patient Proceed with Laparoscopic Sterilization		
07/12/2013	XXXX Women's Health XXXX, M.D.	**Office visit for discussion of permanent sterilization:** Patient comes in for discussion of Permanent Sterilization. Her menses are absent due to IUD. Patient was seen by Dr. XXX but felt that all her questions were not addressed. She uses Mirena IUD for contraception. Placed on 07/03/2008. Her last Pap Smear was 10/14/2011 and was unsatisfactory. She denies a history of abnormal Pap smears. Last mammogram done on 10/27/2011 with negative results at MPMC. Patient appears to understand that Sterilization is a permanent procedure. She also appears to understand the failure rate of 1/200 women years (i.e. if 200 women have sterilization this year you can expect on average for 1 of these 200 women each year to get pregnant). In addition, she appears to understand that should she become pregnant that there is a greater chance than usual of the pregnancy being an ectopic pregnancy and the need for immediate evaluation should she have abnormal menses/bleeding, amenorrhea (i.e. miss her period), or have low abdominal/pelvic pain. Patient also appears to understand that there are methods of contraception (Birth control) other than permanent sterilization including, but not limited to, Depo-Provera, birth control pills, contraceptive patch, contraceptive ring, barrier methods of contraception, etc. but she wishes to proceed with permanent sterilization. She reports normal menses without significant dysmenorrhea even when not on hormonal contraception. Essure and BTL Procedures, risks, benefits, and alternatives discussed with patient and she wishes to proceed with Essure. She understands that she will need to use a good method of contraception until HSG confirms bilateral tubal occlusion which is generally 3-6 months after placement of the Essure devices.	MR - XXXX Women`s Health - 000015-000016	1093-1094

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		Essure Medicaid Consent signed on 05/06/2013. **Physical examination**: **Cervix:** IUD string present and appears normal length **Pregnancy test: Result:** Negative **Assessment:** Essure Counseling **Plan:** Depo-Provera Intramuscular suspension 150 mg/mL Inject 150 mg by intramuscular route every 3 months for 1 day Dispensed: 1 ml vial with 1 refill Xanax oral tablet 2 mg; Ketorolac IM solution 60 mg/2 ml, Vicodin oral tablet 5-300 mg **Instructions:** Schedule Essure procedure **Essure instructions for sterilization:** Take Ibuprofen 800 mg (e.g. Advil; four 200 mg tablets) by mouth every 8 hours to begin two days prior to the Essure Procedure then every 8 hours after the procedure as needed for pain. I would not expect you to need it for longer than 1-2 days after the procedure. Take Vicodin, 2 tablets by mouth 30 minute prior to appointment then 1 tablet every 4-6 hours as needed for pain after procedure. Have someone drive for you since Vicodin is a narcotic. Take Xanax 1 tablet 2 mg when you take the pain medication. Fill prescription for Toradol and bring to office for injection. Depo today Leave Mirena IUD in place to help with menses and dysmenorrhea even though we can't depend on it for contraception		
07/12/2013	XXXX Women's Health XXXX, M.D.	**Procedure note:** The patient was injected with Depo Provera on 07/12/2013 using sterile procedure. Dose: 1 ml	MR - XXXX Women`s Health - 000017	1095

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
	XXXX, L.P.C.	Site: Right Gluteal IM Manufacturer: Greenstone Lot Number: 645413. Expiration date: 01/31/2016 Patient was monitored and there were no adverse effects. Injection Given By: A. Milton, LPN **Assessment**: Initiation Depo-Provera Return to clinic for Essure placement		
07/23/2013	XXXX Women's Health XXXX, M.D. XXXX, L.P.C.	**Procedure note for Ketorolac injection:** The patient was injected with Ketorolac on 07/23/2013 using sterile procedure. Dose: 2 ml Site: Right Gluteal IM Manufacturer: Wockhardt Lot Number: DN10751. Expiration Date: 01/31/2015 Patient was monitored and there were no adverse effects. **Assessment:** Sterilization	MR - XXXX Women`s Health - 000019	1097
07/23/2013	XXXX Women's Health XXXX, M.D.	**Procedure note for IUD removal:** **Indications**: Patient presents today for IUD removal. Her current IUD was placed 07/03/2008. She has not had any problems. She requests removal of the IUD because she wants permanent sterilization with Essure. The IUD removal procedure was discussed with the patient and her questions were answered. **Procedure**: The patient was placed in a dorsal lithotomy position and appropriately draped. A speculum exam was performed, and the cervix was visualized. The IUD string was visualized. Using ring forceps, the string was grasped, and the IUD removed intact. **Post procedure status:** The patient tolerated the procedure well with minimal bleeding or pain. Patient was discharged in stable	MR - XXXX Women`s Health - 000018	1096

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		condition. **Assessment:** IUD removal **Plan:** Removal of intrauterine device (IUD) (58301) - 07/23/2013 **Instructions** Call if bleeding, pain or fever occur Birth control counseling given		
07/23/2013	XXXX Women's Health XXXX, M.D.	**Procedure report for Essure implantation:** This G 3 P 2 0 2 2, LMP has been limited to spotting since Depo Provera given on 07/12/2013 presents for office hysteroscopic insertion of bilateral Essure fallopian tube micro-inserts for permanent sterilization. Patient denies to being allergic to nickel. All consents have been signed. **Education and consent:** She has read the Essure pamphlet and has seen the Essure patient instructional DVD. All her questions have been answered to her satisfaction. She has confirmed to me that she understands this procedure is intended to provide permanent and irreversible sterilization, yet she is also aware that there is a small failure rate that could result in either an intrauterine and/or an ectopic pregnancy. She has indicated to me that she does not wish to ever become pregnant again under any circumstances or contingencies of life. Patient confirmed to me that she understands that the Essure micro-inserts should not be relied on for contraception until she has undergone a Hysterosalpingogram (HSG) which demonstrates bilateral tubal occlusion and satisfactory location of the micro-inserts. She understands that this generally occurs about 3 months after insertion of the micro-insert devices. She also understands that if Bilateral tubal occlusion has not occurred by this 3-month HSG that she will undergo another HSG about 6 months after the initial insertion of the micro-insert devices to demonstrate bilateral tubal occlusion and satisfactory location of the micro-inserts. The patient has also confirmed to me that she understands that if the	MR - XXXX Women`s Health - 000020-000021	1098-1099

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		Essure micro-inserts cannot be placed bilaterally, then she will not rely on this method of sterilization, as Essure has not been proven to be effective when it is placed unilaterally. She has also confirmed to me that she understands that the Essure product is intended to prevent pregnancy and does not protect against either HIV infection or other sexually transmitted diseases. **Urine pregnancy test:** A urine pregnancy test was performed today, and the result was negative. A "Time-Out" was undertaken to confirm that this was indeed patient and that the intended procedure was a voluntary placement of an Essure Permanent Birth Control System under paracervical block and oral analgesics. Pre-operative medications given to patient included: Ibuprofen 800 mg every 6 hours for 48 hours pre-procedure, Toradol 60 mg IM, Vicodin 5/500, and Xanax 1 mg. **Procedure**: All equipment was checked to ensure that there was no damage and no missing parts. Patient was placed in the lithotomy position and draped appropriately. A metal bivalve speculum was introduced into her vagina and the cervix was prepped with Betadine. A paracervical block was placed with a total of 20 cc of 1% Lidocaine (plain) using a 22-gauge spinal needle. Approximately 25 minutes were allowed to elapse for the paracervical block to take maximal effect. During that time, final preparations were undertaken to connect the camera, light source, sealing cap, fluid inflow and outflow tubing to the operative sheath of the 3-mm rigid Storz hysteroscope. The hysteroscope was focused, a white balance was performed, and the inflow/outflow functions of the sheath were checked. All bubbles were flushed out of the equipment. A single tooth tenaculum was placed on the anterior lip of the cervix. Charlene XXXX was then told that the hysteroscope was about to be inserted into her cervix,		

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		and she was invited to view the procedure on the video monitor. I described the pertinent anatomy to her. Cervical dilatation was not needed. Body temperature 0.9% normal saline solution was used to gently distend the uterus with use of a BP Cuff (Maximum of 150 mm Hg) over the bag of distension medium. A total of 700 cc was used to distend the uterus during the procedure. We retrieved 250 cc resulting in a loss of less than 450 cc of distension medium for the procedure. The procedure lasted about 20 minutes. A thorough hysteroscopic uterine cavity assessment was carried out. Both tubal ostia were seen clearly, giving the expectation of successful bilateral placement of the Essure micro-inserts. The Valved, DryFlow Introducer the sealing cap on the hysteroscope operating channel. The Essure delivery catheter was inserted through the introducer and advanced through the operating channel. The Essure delivery catheter was then advanced into the proximal left fallopian tube with gentle, constant forward movement in an effort to minimize tubal spasm. The catheter was then advanced until the black positioning marker reached the fallopian tube ostium, indicating that the Essure micro-insert was spanning the intramural and the proximal isthmic segments of the fallopian tube, with the outer coil spanning the uterotubal junction. The handle of the Essure micro-insert was then stabilized against the hysteroscope and camera to prevent inadvertent forward movement of the micro-insert during retraction of the delivery catheter. After once again visually confirming that the positioning marker was at the tubal ostium, I rotated the thumb-wheel on the handle back towards myself at a rate of one click per second until the wheel stopped to withdraw the delivery catheter. The black positioning marker moved away from the tubal ostium and disappeared out of view into the hysteroscope operating channel. At this point the Cold Band notch was seen to be located just outside the tubal ostium and the Green Release Catheter was in view. While continuing to stabilize the handle against the camera and hysteroscope, the button on the handle was then depressed to initiate deployment		

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		of the micro-insert device. The thumbwheel was then once again rotated back to a Hard Stop withdrawing the Green Release Catheter which allowed the outer coils of the Essure micro insert to expanded and detach from the Essure Delivery Catheter. The delivery system was gently withdrawn from the micro-insert by pulling the handle backwards. Once the delivery system was withdrawn, the position of the Essure micro-insert was assessed. The number of expanded coils that appeared trailing into the uterine cavity was 3. The identical steps were undertaken to insert the Essure micro-insert in the opposite tube. The number of expanded coils that appeared trailing into the uterine cavity was 5. She tolerated the procedure well, stating she had only mild cramps at most. **Post procedure information:** Patient was given the patient ID card provided by the Conceptus company showing the micro-insert reference # ESS305 and Lot # 927081. She was asked to carry it with her at all times and show it to other physicians involved in her present or future care. She was also given personalized "Post-operative Guidelines," which are scanned into this chart. We once again reiterated to the patient that she must use an alternative form of contraception until bilateral tubal occlusion and satisfactory location of the micro-inserts could be demonstrated by the HSG. She plans to use Depo Provera for contraception during this time period. I also warned her that there is theoretically an increased risk of ectopic pregnancy during this time period, therefore compliance with a good contraceptive regimen is crucial. She was advised that the IUD/IUS could become entangled with the micro-inserts resulting in failure of tubal occlusion, but she still wishes to use this method of contraception until tubal occlusion is demonstrated. She is being scheduled for HSG to be done in three months. We have discussed that only if micro-insert location is satisfactory and there is evidence of bilateral		

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		tubal occlusion will we then instruct her to discontinue use of her alternative contraception and rely on the Essure micro-inserts for pregnancy prevention. Mirena IUD was blocking bilateral tubal ostia and had to be removed to insert the devices. **Assessment:** Sterilization with Essure **Plan:** HCG urine, Surgical hysteroscopy with bilateral fallopian tube cannulation 07/23/2013. Anesthesia paracervical block 4 injection, Ketorolac Tromethamine, per 15 mg **Instructions:** Depo-Provera until HSG confirms tubal occlusion Return to clinic in 1 week HSG will be ordered in 3 months.		
07/29/2013	XXXX Women's Health XXXX, M.D.	**Follow-up visit status post Essure:** Patient reports for follow-up of Essure on 07/23/2013. Her LMP was 08/01/2007. She is premenopausal. She uses Depo-Provera for contraception. She reports irregular menses since Depo Provera. Patient has been spotting intermittently. Patient states doing well since Essure procedure. Patient denies fever and chills. Admits to mild menstrual like cramping. Patient also complains of increased night sweats for one week. **Urinalysis:** Protein: Trace; Blood: 2+ **Assessment:** • Sterilization with Essure • Microscopic hematuria **Plan:** Urine culture HSG in 3 months then follow-up appointment afterwards	MR - XXXX Women`s Health - 000022-000023	1100-1101
09/12/2013	XXXX Institute XXXX, M.D.	**Office visit for lumbar pain:** **Review of systems: Neuro:** Numbness and tingling in	MR - XXXX - 000421-000426	1962-1967

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		legs. **Psych:** Anxiety, depression **Reviewer's comment: Only case relevant information captured from this visit.*		
10/23/2013	XXXX Women's Health XXXX, M.D. Felicia Spruill, C.M.A.	**Procedure note:** The patient was injected with Depo Provera on 10/23/2013 using sterile procedure. **Dose:** 150 mg **Site:** Right gluteal IM **Manufacturer:** Greenstone **Lot Number:** G41971 **Expiration Date:** 02/2016 Patient was monitored and there were no adverse effects. **Injection given by:** F. Spruill, CMA **Assessment:** Contraception-follow-up Depo-Provera	MR - XXXX Women`s Health - 000024	1102
10/28/2013	XXXX Medical Center XXXX *(Credentials unknown)*	**Hysterosalpingogram:** **History:** For Essure placement check **Procedure**: Timeout was taken at 0933 to confirm the patient's identity, site and procedure. The procedure was performed by Dr Spargo. The speculum was inserted, and the cervix was visualized. Cervix was swabbed ×3 with Betadine. The hysterosalpingogram catheter was inserted and a retention balloon inflated without difficulty. Isovue 300 was then injected into the endometrial cavity. The endometrial cavity is normal in size and configuration. No abnormal filling defects are seen. Some intravasation of contrast occurred during the injection. There was no reflux of contrast to either fallopian tube. The Essure implants appear to be in satisfactory position. No additional findings are noted on the post drainage film **Impression**: The Essure implants appear to be in satisfactory position. There was no intraperitoneal spill of contrast consistent with bilateral occlusion of fallopian tubes. A small amount of intravasation of	MR - XXXX Women`s Health - 000025-000026	1103-1104

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		contrast occurred during the procedure.		
10/31/2013	XXXX Institute XXXX, M.D.	**Follow-up visit for lumbar pain:** **Review of systems: Neuro:** Numbness and tingling in legs. **Psych:** Anxiety, depression **Reviewer's comment: Only case relevant information captured from this visit.*	MR - XXXX - 000415-000420	1956-1961
11/11/2013	XXXX Women's Health XXXX, M.D. XXXX, N.P.	**Office visit for urinary frequency:** Patient presents with a history of urinary frequency, dysuria, and a change in urine color. The problem is described as moderately severe and began 1 day ago. She reports no additional symptoms. There are no alleviating factors. There are no aggravating factors. She reports she has not had any recent urinary tract infections. She has not been evaluated for her current complaints. She does not have a history of recurrent urinary tract infections. The patient admits using a sexual enhancement oil yesterday and feels that irritated her. She denies vaginal discharge. **Weight:** 204 lbs 2 oz **Review of systems:** **Admits:** Frequency, dysuria, change in urine color **Denies**: Vaginal discharge **Physical examination**: **Vagina:** Normal vaginal vault without central or paravaginal defects, white-colored discharge present, no inflammatory lesions present, no masses present Urinalysis: Blood: 2+; Leukocytes: 2+; Protein: Trace **Assessment:** • Urinary frequency • Dysuria **Plan:** Cipro 500 mg, Phenazopyridine 200 mg	MR - XXXX Women`s Health - 000028-000030	1106-1108
11/13/2013	XXXX	**Urine culture report:** **Collected date:** 11/11/2013	MR - XXXX Women`s	1105

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		Final: Escherichia coli, greater than 100,000 CFU per ml	Health - 000027	
01/02/2014	XXXX Institute XXXX, M.D.	**Follow-up visit for lumbar pain:** **Review of systems:** Numbness and tingling in legs. Anxiety, depression **Reviewer's comment: Only case relevant information captured from this visit.*	MR - XXXX - 000409-000414	1950-1955
01/23/2014	XXXX Women's Health XXXX, M.D. XXXX, M.D.	**Follow-up visit of hysterosalpingogram:** Patient presents for the follow-up of HSG done. She uses Essure system for contraception. Her last Pap Smear was 04/25/2013 and was normal per Heather at WCHD. She had an HSG on 10/28/2013 that revealed no intraperitoneal spill of contrast, bilateral occlusion of fallopian tubes present. Patient wants to continue using Depo Provera to resolve dysmenorrhea. Doesn't have cycles. **Medication list:** Depo Provera IM 150 mg/ml **Vitals:** **07/08/2013: Weight:** 201 lbs 4 oz **01/23/2014: Weight:** 204 lbs 2 oz **Physical examination**: **Constitutional: Appearance**: Obese **Assessment:** • Sterilization with Essure • Dysmenorrhea **Plan: Medication:** Depo-Provera intramuscular suspension 150 mg/mL **Instructions:** Continue Depo-Provera for heavy menses and dysmenorrhea	MR - XXXX Women`s Health - 000032-000034	1110-1112

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		Repeat HSG because of minimal extravasation of dye at last HSG Note that patient reports she is getting her Annual BPP at Health Departments Return to clinic in 3 months for Depo injection		
01/23/2014	XXXX Women's Health XXXX, M.D.	**Procedure note:** The patient was injected with Depo Provera on 01/23/2014 using sterile procedure. **Dose:** 1 ml **Site:** Right Gluteal TM **Manufacturer**: Greenstone **Lot Number:** H94054. **Expiration Date:** 08/31/2016 Patient was monitored and there were no adverse effects. **Injection Given By:** A. Milton, LPN **Assessment:** Contraception-follow-up Depo-Provera **Plan** Depo-Provera non-contraception - 01/23/2014 Return to clinic in 3 months for next injection.	MR - XXXX Women`s Health - 000031	1109
02/27/2014	XXXX Institute XXXX, M.D.	**Office visit for lumbar pain:** **Review of systems: Neuro:** Numbness and tingling in legs **Psych:** Anxiety, depression **Reviewer's comment: Only case relevant information captured from this visit.*	MR - XXXX - 000405-000408	1946-1949
04/23/2014	XXXX Women's Health XXXX, D.O. XXXX, M.D.	**Office visit for urinary frequency:** **Medication list**: Depo-Provera intramuscular suspension 150 mg/ml **Weight**: 212 lbs 4 oz **Assessment:** • Urinary frequency • Hematuria	MR - XXXX Women`s Health - 000036-000038	1114-1116

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		Plan: Urine culture. Levaquin 250 mg. Increase fluid intake		
04/23/2014	XXXX Women's Health XXXX, D.O. XXXX, C.M.A.	**Procedure note:** The patient was injected with Depo Provera on 04/23/2014 using sterile procedure. **Dose**: 150 mg **Site**: Left Gluteal IM **Manufacturer:** Greenstone **Lot Number:** H47434. **Expiration date:** 12/2016	MR - XXXX Women`s Health - 000039	1117
04/25/2014	XXXX	**Urine culture report:** **Collected date:** 04/23/2014 **Result:** Mixed urogenital flora 25,000-50,000 colony forming units per mL	MR - XXXX Women`s Health - 000035	1113
05/01/2014	XXXX Institute XXXX, M.D.	**Follow-up visit for lumbar pain:** **Review of systems: Neuro:** Numbness and tingling in legs **Psych:** Anxiety, depression **Reviewer's comment: Only case relevant information captured from this visit.*	MR - XXXX - 000402-000404	1943-1945
05/21/2014	XXXX Women's Health XXXX, M.D.	**Office visit for annual examination and Depo:** Patient complains of Right Lower Quadrant (RLQ) pain that has been present for a while and comes in goes in spells. She had a recent MRI that showed a right adnexal multisepated cyst. Her LMP was no cycles secondary to Depo and has had Essure 7/2013 by Dr. XXXX. She denies pain and bleeding associated with intercourse. She uses Essure since 07/2013. She uses Depo every 3 months to help with dysmenorrhea for contraception. Her last Pap Smear was 04/25/2013 and was normal. She denies dyspareunia and dysuria. She admits to dysmenorrhea and RLQ pain. She denies smoking. **Medication:** Depo-Provera intramuscular suspension	MR - XXXX Women`s Health - 000041-000044	1119-1122

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		150 mg/ml **Review of systems:** **Genitourinary:** Dysmenorrhea, RLQ pain Weight: 212 lbs 0.4 oz; Height 5 feet 3 inches; BMI: 37.56 kg/m2 **Physical Examination:** **Constitutional:** Appearance: Obese **Uterus:** Retroflexed, uterine size-8 weeks 9 weeks, globular shape, soft, **Assessment:** • Ovarian cyst • Uteromegaly **Plan:** Get pelvic Ultrasonogram (USG) for uteromegaly and cystic structure seen on right ovary on recent MRI Return to clinic 4-5 days after pelvic USG		
05/26/2014	XXXX XXXX, Cytotechnologist (ASCP)	**Cytology report:** **Collected date:** 05/21/2014 **Source**: Cervical; Endocervical **Interpretation:** Negative for intraepithelial lesion and malignancy	MR - XXXX Women`s Health - 000040	1118
05/30/2014	XXXX Medical Center XXXX *(Credentials unknown)*	**Ultrasound pelvis complete with transvaginal:** **History**: Right-sided pain. **Comparison**: 03/15/2013. **Findings:** **Transvaginal**: Essure prostheses are seen in the fundus bilaterally expected location fallopian tube origins. **Impression:** • Normal uterus and endometrium. • Normal ovaries. • Small amount of free fluid likely physiologic.	MR - XXXX Women`s Health - 000045-000046	1123-1124

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		• Small echogenic foci seen in the fundus on each side consistent with Essure prostheses.		
06/02/2014	XXXX Women's Health XXXX, M.D.	**Follow-up visit of USG:** Her LMP was 08/01/2007. Her menstrual periods are abnormal secondary to Depo. She uses Essure for contraception. Her last Pap Smear was 05/21/2014 and was normal. **Medication list:** Depo-Provera intramuscular suspension 150 mg/ml Weight: 215 lbs; Height: 5 feet 3 inches; BMI: 38.09 kg/m2 **Physical examination:** **Constitutional**: Appearance: Obese **Assessment:** • Abdominal pain, lower abdomen • Ovarian cyst-resolved Follow-up as needed	MR - XXXX Women`s Health - 000047-000049	1125-1127
06/05/2014	XXXX Institute XXXX, M.D.	**Follow-up visit for lumbar pain:** **Review of systems: Neuro:** Numbness in extremities **Reviewer's comment: Only case relevant information captured from this visit.*	MR - XXXX - 000397-000401	1938-1942
06/30/2014	XXXX Associates XXXX, M.D.	**Office visit for joint pain:** **Review of systems: Endocrine:** Fatigue **Reviewer's comment: Only case relevant information captured from this visit.*	8B7B13342F89 4C66BF24, XXXX, 145-149	1325-1329
07/24/2014	XXXX Women's Health XXXX, M.D. XXXX, C.M.A.	**Procedure note:** The patient was injected with Depo Provera on 07/24/2014 using sterile procedure. **Dose:** 1 ml **Site:** Right Gluteal IM **Manufacturer:** Greenstone	MR - XXXX Women`s Health - 000050	1128

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		Lot Number: J27858. **Expiration Date:** 02/2017 Weight 212.6 lbs Patient was monitored and there were no adverse effects. **Assessment:** Contraception-Follow-up Depo-Provera Return to clinic in 3 months for next injection		
07/24/2014	XXXX Institute XXXX, M.D.	**Follow-up visit for lumbar pain:** **Review of systems:** **Neuro:** Numbness in extremities **Psych**: anxiety, depression, insomnia **Reviewer's comment: Only case relevant information captured from this visit.*	MR - XXXX - 000393-000396	1934-1937
08/17/2014	XXXX Health XXXX *(Credentials unknown)*	**CT scan of abdomen and pelvis:** **Indications**: Periumbilical pain with nausea and vomiting. History of colonic resection for colonic cancer and cholecystectomy **Comparison**: Comparison was made with prior from 08/15/2012 **Findings**: CT pelvis: There are Essure coil devices identified in the fallopian tubes bilaterally **Impression:** • Findings suggestive of early or mild small bowel obstruction with transition point near the umbilicus, likely representing adhesions from prior periumbilical surgery. No evidence of free air. • Free fluid in the mesenteric folia and dependently within the pelvis, likely reactive. No loculated fluid collections to indicate abscess. • Normal appendix. • Status post cholecystectomy	MR - XXXX Medical Center - 000165-000166	165-166

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
08/26/2014	XXXX Medical Center XXXX, M.D.	**Office visit for urinary symptoms:** Patient presents with 1 day of urinary symptoms. States she has pressure in the lower stomach and the very painful at the end, peeing more and small volume. Tried AZO OTC on yesterday. **Urinary frequency:** Yes (Severe) **Urgency:** Yes **Small volume voids**: Yes (Moderate) **Symptom severity**: Severe **Suprapubic pain/pressure:** Yes (Severe) **Physical examination**: **Suprapubic**: Mildly tender **Dip urinalysis**: Leukocyte esterase: 2+, Blood: 3+ **Assessment**: UTI **Supportive care**: Increase fluids. Follow-up: 1 week	MR - XXXX Medical Center - 000070-000071	70-71
08/28/2014	XXXX Institute XXXX, M.D.	**Follow-up visit for lumbar pain:** **Review of systems:** **Neuro:** Numbness **Psych**: Anxiety, depression **Reviewer's comment: Only case relevant information captured from this visit.*	MR - XXXX - 000388-000392	1929-1933
08/26/2014 & 10/20/2014	XXXX Associates XXXX, M.D.	**Follow-up visits for joint pain** **Review of systems:** No fevers, no hair loss. Abdominal pain is much better. No muscle weakness **Reviewer's comment: Only case relevant information captured from these visits.*	8B7B13342F89 4C66BF24, XXXX, 141-145 8B7B13342F89 4C66BF24, XXXX, 132-136	1321-1325, 1312-1316
10/28/2014	XXXX Women's Health XXXX, M.D.	**Procedure note:** The patient was injected with Depo Provera on 10/28/2014 using sterile procedure. Dose: 150 mg Site: Right Gluteal IM	MR - XXXX Women`s Health - 000051	1129

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
	XXXX, LPN XXXX *(Credentials unknown)*	Manufacturer: Greenstone Lot Number: 381511 Expiration Date: 05/2017 Weight 209.8 lbs Patient was monitored and there were no adverse effects. Injection given by XXXX, LPN **Assessment:** Contraception-follow-up Depo-Provera **Instructions:** Return to clinic in 3 months for next injection		
10/30/2014	XXXX Institute XXXX, M.D.	**Follow-up visit for lumbar pain:** **Review of systems:** **Neuro:** Numbness in extremities **Psych**: Anxiety, depression, insomnia **Reviewer's comment: Only case relevant information captured from this visit.*	MR - XXXX - 000383-000387	1924-1928
12/18/2014	XXXX Institute XXXX, M.D.	**Follow-up visit for lumbar pain:** **Review of systems:** **Neuro:** Numbness in extremities **Psych**: Anxiety, depression, insomnia **Reviewer's comment: Only case relevant information captured from this visit.*	MR - XXXX - 000375-000379	1916-1920
01/18/2015	XXXX Health XXXX *(Credentials unknown)*	**CT of the abdomen and pelvis with contrast:** **History**: Diffuse abdominal pain. Vomiting. History of small bowel obstruction. History of colon cancer. Status post partial colectomy. Rule out obstruction. **Findings:** **CT pelvis:** Essure implants are noted in the fallopian tubes **Impression**: • No obstruction. • There is a suture line in the colon in the area of the splenic flexure consistent with the history of a partial colectomy.	MR - XXXX Medical Center - 000159-000160	159-160

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		• Status post cholecystectomy. • Essure implants are noted in the fallopian tubes. • There are multiple small metallic densities along the anterior peritoneal surface at just above the level of the umbilicus consistent with repair of a ventral hernia.		
02/10/2015	XXXX Women's Health XXXX, M.D. XXXX, LPN XXXX *(Credentials unknown)*	**Procedure note:** The patient was injected with Depo Provera on 02/10/2015 using sterile procedure. **Dose**: 150 mg **Site**: Right Gluteal IM **Manufacturer:** Greenstone **Lot Number:** L22781 **Expiration Date:** 09/2017 Weight 209.8 lbs Patient was monitored and there were no adverse effects. Injection given by XXXX, LPN **Assessment:** Contraception-follow-up Depo-Provera Return to clinic in 3 months for next injection	MR - XXXX Women`s Health - 000052	1130
03/17/2015	XXXX Women's Health XXXX, M.D.	**Office Visit for possible prolapse:** Patient complains of a month history of patient states "a ball of tissue coming out of her vagina." She states when she was able to punch it back up. She also states bleeding when she pushed it Weight: 206 lbs 4 oz **Physical examination**: **Vagina:** Frothy smooth yellow-colored discharge present; mild, cystocele present-grade 1, mild prolapse, grade 1 rectocele present, uterine prolapse present-grade 2; cervix reaches vaginal introitus with strain **Cervix:** Mild friability **In-office procedures:** **Wet mount** BV Whiff test vagina QI: Negative	MR - XXXX Women`s Health - 000054-000057	1132-1135

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		Clue Cells XXX QI Wet Prep: Few KOH Prep XXX: Neg T vaginalis Ag Genital QI: Negative Yeast Budding # Ur Comp Assist: Negative **Assessment** • Vulvovaginitis • Discharge of vagina • Uterovaginal prolapse, incomplete • Mild Cervicitis **Orders:** • PCR Chlamydia • PCR GC • Candida nucleic acid detection by amplified probe technique • Trichomonas • Herpes Simplex Virus • Adenovirus DNA detection by polymerase chain reaction **Medication**: Diflucan 150 mg, Flagyl 500 mg **Instructions** Kegel exercises Discussed options of treatment of prolapse including pessary, surgery, Kegel exercises, or doing nothing at this time. She wishes to do nothing other than Kegel exercises		
03/19/2015	XXXX Institute XXXX, M.D.	**Follow-up visit for lumbar pain:** **Review of systems:** **Neuro:** Numbness and tingling in legs **Psych**: Anxiety, depression **Reviewer's comment: Only case relevant information captured from this visit.*	MR - XXXX - 000364-000369	1905-1910
03/20/2015	XXXX	**Labs:** **Collected date:** 03/17/2015 **Source:** Vaginal	MR - XXXX Women`s Health - 000053	1131

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		Result: NuSwab Vaginitis Plus (VG+) Atopobium vaginae High - 2 Score BVAB2 Low-0 score Megasphaera 1. High - 2 Score Candida albicans, NAA: Negative Candida glabrata, NAA: Negative Trichomonas vaginalis by, NAA: Negative Chlamydia trachomatis, NAA: Negative Neisseria gonorrhoeae, NAA: Negative		
05/06/2015	XXXX Women`s Health XXXX, M.D.	**Office visit for pelvic pressure and pelvic organ prolapse:** Patient complains of a 2-3 months history of pelvic pressure and pelvic pain and discomfort, increased pelvic pressure when sitting down, and urine frequency. She states the symptoms are not accentuated by standing, lifting or straining. The symptoms are not relieved by lying down. The patient also reports urinary frequency. NuSwab + for Bacterial vaginosis (BV) despite mild changes on Wet prep last time similar to this time therefore will treat with Flagyl. Reports intermittent pain with intercourse and generally bad pain after intercourse Weight: 200 lbs 4 oz **Physical examination**: **Vagina:** Grade 1 cystocele present, grade 1 rectocele present, grade 2 uterine prolapse present **Wet mount:** Bacterial Vaginosis (BV) Whiff test Vagina QI: Negative Clue Cells XXX QI Wet Prep: Positive KOH Prep XXX: Negative. T vaginalis Ag Genital QI: Negative Yeast Budding # Ur Comp Assist: Positive. **Assessment**	MR - XXXX Women`s Health - 000059-000062	1137-1140

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		• Uterovaginal prolapse, incomplete • Microhematuria • Bacterial Vaginosis (BV) • Candidal vulvovaginitis **Plan:** Urine culture Diflucan 150 mg, Flagyl 500 mg Refer to Duke Urogyencology for evaluation and treatment of uterovaginal prolapse		
05/06/2015	XXXX Women`s Health XXXX, M.D. K. Griffin, MA	**Procedure note:** The patient was injected with Depo Provera on 5/6/2015 using sterile procedure. Dose: 150 mg Site: Left Gluteal IM Manufacturer: Greenstone Lot Number: L58524. Expiration date: 12/2017 Weight 200.4. lbs Patient was monitored and there were no adverse effects. Injection given by K Griffin, MA **Assessment:** Contraception-follow-up Depo-Provera Return to clinic in 3 months for next injection	MR - XXXX Women`s Health - 000063	1141
05/08/2015	XXXX Medical Center	**Urine culture:** **Collected date**: 05/06/2015 **Result**: No growth	A1062A785498 49D1B73E, XXXX, 401	882
05/21/2015	XXXX Institute XXXX, M.D.	**Follow-up visit for lumbar pain:** **Review of systems:** **Neuro:** Headache, numbness and tingling in legs **Psych**: Anxiety **Reviewer's comment: Only case relevant information captured from this visit.*	MR - XXXX - 000358-000363	1899-1904
07/23/2015	XXXX Institute XXXX, M.D.	**Follow-up visit for lumbar pain:** **Review of systems:** **Neuro:** Numbness in extremities **Psych**: Anxiety, depression, insomnia	MR - XXXX - 000353-000357	1894-1898

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		**Reviewer's comment: Only case relevant information captured from this visit.*		
08/06/2015	XXXX Women's XXXX, M.D.	**Office visit for annual gynecological examination:** Patient complains of extreme hot flashes, night sweats, irritability, anxiety, and pelvic pain. Her LMP was no cycles secondary to Depo and has had Essure 07/2013 by Dr. XXXX. She denies bleeding associated with intercourse. She uses Essure for contraception. She denies dyspareunia and dysuria. She admits to dysmenorrhea, hot flashes, and mental instability and pelvic pain Patient reports that Urogyn told her that she had bladder spasms and put her on Oxybutynin that helped with symptoms. **Review of systems:** **Gastrointestinal:** Abdominal pain **Genitourinary:** Dysmenorrhea **Psychiatric:** Anxiety, depression Weight: 199 lbs 4 oz; height 5 feet 3.5 inches; BMI: 34.74 kg/m2 **Physical examination**: **Vagina:** Normal vagina with atrophy, no discharge present, no inflammatory lesions present, no masses present, grade 1 uterine prolapse present **Mental status:** **Mood and Affect:** Depressed, flattened Patient teary-eyed when talking about her medical problems and symptoms; decreased estrogenicity and rugations Urinalysis: Hemoglobin strip: 3+ **Assessment:** • Hematuria • Ovarian cyst • Uteromegaly • Fatigue	MR - XXXX Women`s Health - 000071-000075	1149-1153

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		• Menopausal symptoms **Plan:** Get pelvic USG for uteromegaly and cystic structure seen on right ovary on recent MRI Return to clinic 4-5 days after pelvic USG		
08/06/2015	XXXX Women's Health XXXX, M.D. XXXX, CMA	**Procedure note:** The patient was injected with Depo Provera on 08/06/2015 using sterile procedure. **Dose**: 150 mg **Site**: Right Gluteal IM **Manufacturer:** Greenstone **Lot Number:** L50623. Expiration date: 01/2018 Weight 199.4 lbs Patient was monitored and there were no adverse effects. Injection given by T. Wilson/RMA **Assessment:** Contraception-follow-up Depo-Provera Return to clinic in 3 months for next injection	MR - XXXX Women`s Health - 000070	1148
08/07/2015	XXXX Medical Center XXXX, M.D.	**Office visit for weakness:** Patient presents in office complains of feeling very bad and weak. Patient states that her heart rate dropped to 44 for about 3 days in a row. Patient states that she has been feeling agitated **Assessment**: • Early menopause • Anxiety **Plan:** Continue to hold the Systolic, continue to take the Lisinopril Check BP and pulse at least 3 times a week and extra if you feel off Follow-up as needed	MR - XXXX Medical Center - 000054-000055	54-55
08/09/2015	XXXX Medical Center	**Urine culture:** **Collected date:** 08/06/2015	A1062A785498 49D1B73E, XXXX, 277-278	758-759

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		Final: 10,000 - 50,000/m Escherichia coli		
08/12/2015	XXXX XXXX Pathology Laboratory Associates Qing Cai, SCT (ASCP)	**Cytopathology report:** **Collected date:** 08/06/2015 **Cytologic diagnoses:** • Satisfactory for evaluation. • Negative for intraepithelial lesion or malignancy	MR - XXXX Women`s Health - 000069	1147
09/21/2015	XXXX Women's Health XXXX, M.D.	**Office visit for pelvic pain, dyspareunia, pelvic prolapse:** **Chief complaint:** • Pelvic Pain • Dyspareunia • Pelvic prolapse The patient is 41-year old African American/Black female G 4 P 2 0 2 2 who reports today for further evaluation of dyspareunia and pelvic pain. She has a known history of grade 2-3 uterine prolapse. She reports increasing symptoms and notes at times the need to push the cervix back into the vagina after very strenous activity. She has also noted increasing dyspareunia and pelvic pain especially with standing. She also reports increasing vaginal infections beginning approximately 4-6 months ago. She was evaluated by Duke UroGyn who at that time did not recommend surgery. She presents today inquiring about surgical treatment options. Her LMP was 08/01/2007 due to Depo Provera. She is premenopausal. She uses Essure for contraception. Her PMHx is incorporated in separate enclosed PMHx form. Her last Pap Smear was 08/06/2015 and was normal. **Medication list**: Depo-Provera 150 mg/mL intramuscular suspension **Review of systems: Genitourinary:** Amenorrhea, complete emptying of bladder on voiding, dyspareunia,	MR - XXXX Women`s Health - 000076-000079	1154-1157

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		voiding normal amounts of urine, pelvic pressure **Weight**: 199 lbs 6 oz **Assessment:** • Dyspareunia • Chronic pelvic pain in female • Uterine prolapse **Plan:** Grade 3 uterine prolapse: Patient with grade 3 prolapse on exam with Valsalva. She is currently symptomatic with symptoms of dyspareunia and pelvic pain. Treatment options re-addressed at this time including pessary versus surgery. Patient at this time desires surgery secondary to pre-menopausal status and currently sexually activity. Surgery also recommended given increasing symptomatology. Discussed laparoscopic hysterectomy given multiple abdominal surgeries with high probability of extensive adhesive disease. Surgery request submitted today for Total Laparoscopic Hysterectomy (TLH), Bilateral Salpingectomy (BS), and cystoscopy. Will scheduled with general surgery for abdominal entry and adhesiolysis as needed. Follow up for preoperative evaluation		
10/22/2015	XXXX Medical Center XXXX, M.D. XXXX, N.P.	**Follow-up visit status post hemicolectomy:** Patient was having menorrhagia with clots and was seen by Urogynecology with a recent Depo-Provera injection. **Plan:** She is scheduled for a hysterectomy for menorrhagia in 12/2015 and she notes that Dr. XXXX has been asked to assist her Gynecologist in view of surgical scars from colon surgery. She is likely in perimenopause with hot flashes. Ovaries will remain in situ per a reported GYN plan. We discussed the use of Effexor for hot flashes that her Gynecologist had also advised; at this point, she does not want to initiate a new medication. I have encouraged her to discuss this again with her Gynecologist should she become more symptomatic	A1062A785498 49D1B73E, XXXX, 194-195	675-676

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		following her surgery. She will return to our clinic in 1 year, to which she agrees.		
11/12/2015	XXXX Women's Health XXXX, M.D. XXXX, L.P.N.	**Procedure note:** The patient was injected with Depo Provera on 11/12/2015 using sterile procedure. **Dose**: 1 ml **Site**: Right Gluteal IM **Manufacturer:** Greenstone **Lot Number:** M40837 **Expiration date:** 04/30/2018 Weight 212.2 lbs Patient was monitored and there were no adverse effects. Injection given by: A. Milton, LPN **Assessment:** Contraception-follow-up Depo-Provera Return to clinic in 3 months for next injection	MR - XXXX Women`s Health - 000080	1158
12/03/2015	XXXX XXXX, M.D.	**Office visit back, leg neck and arm pain:** **Review of systems: Endocrinology:** Low sex drive **Reviewer's comment: Only case relevant information captured from this visit.*	MR - XXXX - 000079-000081	1620-1622
12/11/2015	XXXX Women's Health XXXX, M.D.	**Office visit for preoperative evaluation:** Patient uses Essure for contraception. She comes in for discussion of Total Laparoscopic Hysterectomy(TLH)/Bilateral Salpingectomy (BS)/cystoscopy secondary to grade 2 symptomatic uterine prolapse and dyspareunia. Her surgery is scheduled for 12/15/2015 at XXXX Hospital **Discussion for procedure:** She appears to understand the risks/benefits/alternatives of the procedures and wishes to proceed with the planned procedure. She appears to understand the risk of bleeding that could result in blood transfusion and the risk of a blood transfusion including allergic reaction, developing hepatitis, AIDS, or some other blood borne infection. She also appears to understand the risk of infection and cardiac arrest. She also appears to understand the specific risks associated with this/these	MR - XXXX Women`s Health - 000081-000084	1159-1162

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		particular procedures as outlined on the operative permit **Medication list:** Depo Provera 150 mg/ml intramuscular suspension **Review of systems:** **Genitourinary:** Amenorrhea, complete emptying of bladder on voiding, voiding normal amounts of urine. **Weight**: 213 lbs 2 oz **Assessment:** • Dyspareunia • Uterine prolapse Risks, benefits and alternatives to procedure discussed. Patient desires to proceed. Postoperative pain medication prescribed. Follow-up in 1 week for routine postoperative evaluation.		
12/11/2015	XXXX Medical Center	Consent for total laparoscopic hysterectomy, bilateral salpingectomy, cystoscopy, possible laparotomy	MR - XXXX - part 1 - 000161-000162	394-395
12/11/2015	XXXX Medical Center XXXX *(Credentials unknown)*	**Preoperative interview:** **Planned procedure:** Total laparoscopic hysterectomy, bilateral salpingectomy, cystoscopy **Surgical diagnosis:** Uterine prolapse, dyspareunia Height: 64 inches; Weight: 96.6 kg; BMI: 36.1 kg/m2	MR - XXXX - part 1 - 000167	400
12/15/2015	XXXX Medical Center	**Labs:** **POC pregnancy:** Negative	MR - XXXX Women`s Health - 000089	1167
12/15/2015	XXXX Medical Center XXXX, M.D. (Surgeon) Dr. XXXX (Assistant)	**Operative report for total laparoscopic hysterectomy, bilateral salpingectomy, McCall culdoplasty, and cystoscopy:** **Pre and postoperative diagnosis**: Grade 2-3 symptomatic uterine prolapse, dyspareunia. **Anesthesia:** General	MR - XXXX - part 1 - 000172-000173	405-406

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	Dr. XXXX (Assistant)	**Procedure performed:** Total laparoscopic hysterectomy, bilateral salpingectomy, McCall culdoplasty, and cystoscopy **Findings**: Grade 3 uterine prolapse while the patient was anesthetized, normal cervix, normal bilateral fallopian tubes, and ovaries. Small bowel noted to be adhesed to the abdominal ventral mass. **Description of procedure:** The patient was taken to the Operating Room with preoperative IV fluids as well as prophylactic: Ancef infusing. The patient's general endotracheal anesthesia was obtained without difficulty. She was placed in a dorsal lithotomy position. The vagina and abdomen were prepped and draped in 3 normal sterile fashion. A preoperative time-out was called. A weighted speculum and Beaver were inserted into the vagina for visualization of the cervix, which appeared normal and multiparous. The patient was noted to have grade 3 uterine prolapse while anesthetized. The uterus was sounded to 8 cm. The RUMI uterine manipulator was then placed into the uterine cavity successfully. A Foley catheter was inserted and noted to be draining clear urine. At this time, Dr. XXX with General Surgery was present in the room for abdominal entrance, secondary to the patient‘s history of colonic resection as well as abdominal mesh placement. A 12 x 12 cm area was circumscribed around the umbilicus in the area of the previous mesh. A mid right quadrant 5-mm skin incision was made to accommodate a 5-mm trocar, which was advanced under direct visualization atraumatically. A broad inspection of the abdomen revealed several portions of smell bowel adhesed to the ventral mesh. However, the pelvis was noted to be free of any adhesive disease. An infraumbilical port was then placed outside the 12 x 12 cm circumference under direct visualization atraumatically as well with the third 5-mm port placed in the left lower quadrant atraumatically and under direct visualization. The pelvis was inspected again and was noted to be free of any adhesive disease. The uterus as well as tubes and ovaries were all noted to be normal. The patient's right fallopian		

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		tube was identified and elevated at the fimbriated and with the use of the Ligasure device, the mesosalpinx was incised up to the uterine cornu with goad hemostasis noted. The uterine ovarian ligament was then isolated, cauterized, and transected with the LigaSure device. The right round ligament was cauterized and transected with the Liga-Sure device as well. The anterior leaf of the broad ligament was then dissected with partial skeletonization of the uterine arteries. The posterior leaf was also partially dissected as well to provide a greater visualization of the uterine arteries. The bladder flap was partially created from the right side of the patient with the use of the Ligasure device. At this time, the uterine arteries were well skeletonized and cauterized and transected with the Ligasure device on the right side of the patient. Good hemostasis was noted at this time. Attention was then turned to the left side of the pelvis, at which time, the left fallopian tube, left uterovarian ligament, as well as left round ligament each time were isolated, cauterized, and transected with the Ligasure device. The uterine arteries and the left were again skeletonized with complete dissection of the bladder from the lower uterine segment. At this time, the uterine arteries on the left were cauterized and transected with the LigaSure device. Given full dissection of the bladder from the lower uterine segment, the anterior colpotomy was made with the L-hook and in a circumferential fashion, the cervix was transected from the vaginal mucosa. The vaginal portion of the case was undertaken. The specimen was removed intact and handed off and sent to Pathology. A weighted speculum and Deaver were inserted into the vagina for visualization of the vaginal cuff. The pelvic peritoneum was grasped with long Allis clamps and with the use of 0 Monocryl, a standard McCall culdoplasty was performed incorporating the bilateral uterosacral. This stitch was left hanging until the end of the case. The bilateral vaginal cuff angles were than grasped with long Allis clamps and closed in a locked running fashion from both cuff angles to the midline. The vaginal cuff sutures were then tied down. The McCall suture was -		

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		was also tied down at this time with good elevation of the vaginal vault noted. The vagina was irrigated copiously and cleared of all clots and debris and the vaginal cuff inspected and found to be hemostatic. Cystoscopy was undertaken at this time. Cystoscopy revealed normal bladder with exception of a 0.5-1 cm cyst that appeared to be benign. There was noted to be bilateral clear urine efflux from bilateral patent ureters without any damage or suture noted to the bladder. The laparoscopic portion of the case was undertaken for the final time. The abdomen was insufflated with gas. All pedicles were inspected and found to be hemostatic. The abdomen was then irrigated copiously and cleared of all clots and debris and partially deflated of gas and all pedicles again remained hemostatic. At this time, the abdomen was completely deflated of gas and all instruments and ports removed. The 3 laparoscopic skin incisions were closed with Dermabond. Sponge, lap, and needle counts were correct ×2 and the patient was extubated and taken to the PACU in stable condition. **Specimen removed:** Uterus, cervix, as well as bilateral fallopian tubes, all sent no Pathology. **Drains**: None. **Estimated blood loss**: 50 ml. **IV Fluids**: 2500 ml. **Urine output:** 500 ml		
12/15/2015	XXXX Medical Center XXXX, M.D.	**Discharge Instructions:** **Diet:** • Begin with liquids and tight foods • Progress to normal diet if you are not nauseated • No alcoholic beverages for 24 hours **Activities**: • The duration of drowsiness varies with each person. You will recover from these effects by tomorrow	MR - XXXX - part 1 - 000152-000154	385-387

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		• Do not make important personal/business decisions or sign legal documents for 24 hours • Do not drive or operate machinery for 24 hours or until not taking pain medicine • Limit your activities for 24 hours. Do not engage in sports, heavy work or heavy lifting until your physician gives you permission • May shower in 24 hours • Pain take prescription as directed • Ice pack • Heat therapy • Use deep breathing, distraction, repositioning **Wound care:** Use ice packs as needed for pain and inflammation Keep dressing dry Follow-up with Dr. XXX in 1 week. Keep the wound dry.		
12/15/2015	XXXX Medical Center	**Hospitalization related records:** Medication sheets, consent, anesthesia record, orders	MR - XXXX - part 1 - 000155-000156, MR - XXXX - part 1 - 000160, MR - XXXX - part 1 - 000164, MR - XXXX - part 1 - 000165-000166, MR - XXXX - part 1 - 000168-000171, MR - XXXX - part 1 - 000177-000248	388-389, 393, 397, 398-399, 401-404, 410-481
12/18/2015	XXXX Medical Center XXXX, M.D.	**Pathology report:** **Collected date:** 12/15/2015 **Final diagnoses:** **Cervix, uterus and fallopian tubes, hysterectomy with bilateral salpingectomy:** **Cervix**: • Mild chronic cervicitis with squamous metaplasia and multiple Nabothian cysts.	MR - XXXX Women`s Health - 000090-000091	1168-1169

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		• No evidence of dysplasia in recuts. • Negative for malignancy. **Uterus:** • Inactive endometrium with focal evidence of ciliated cell metaplasia. • No evidence of endometritis or hyperplasia. • Focal superficial adenomyosis noted. • Multiple intramural leiomyomata. • Subserosal leiomyoma. • Fibrous adhesions with admixed peritoneal inclusion cysts along serosal sur face. • No evidence of endometriosis. • Negative for atypia and malignancy. **Fallopian tubes** • Metallic material within lumen consistent with a prior sterilization **Gross description:** Uterus, cervix, bilateral tubes: In formalin is a 136 gram uterus and cervix (8.7 cm cervix to fundus, 5.4 cm cornu to cornu and 4.1 cm anterior to posterior) with attached presumed discontinuous right fimbriated fallopian tube (4.9 cm in length x 0.5 cm in diameter) and a 2.1 cm in length x 0.3 cm in diameter portion left fallopian tube. The serosal surface of the fallopian tubes is purple-gray and grossly unremarkable. The portion of apparent left fallopian tube exhibits silver coiled metallic material within the lumen. The serosal surface of the uterus is tan-purple with several foci of disruption and a 0.2 cm in greatest dimension white-tan subserosal nodule. There is a 0.9 x 0.7 x 0.2 cm collection of unilocular cysts/edematous adhesions on the posterior surface. The cervix (3.9 x 3.6 cm) is purple-gray and locally hemorrhagic. The endometrial cavity (5.4 x 2,4 cm) is lined by retracted brown-yellow tissue (0.1 cm thick). The myometrium (1.1-2.1 cm thick) is pink-tan and exhibits multiple white tan intramural nodules, up to 1.0 cm in greatest dimension.		
12/28/2015	XXXX	**Follow-up visit status post TLH and BS:**	MR - XXXX Women`s	1170-1172

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
	Women's Health XXXX, M.D.	Since her surgery she has done well. She reports normal bowel and urinary habits. She denies vaginal bleeding. She is ambulating with minimal difficulty and tolerating a regular diet. **Medication list:** Depo-Provera 150 mg/mL intramuscular suspension Weight: 207 lbs **Physical examination**: Lap sites ×3 healing well without surrounding erythema or induration **Assessment:** Postoperative exam **Instructions:** Patient healing well without clinical signs/symptoms of infection. Incision care discussed. Benign pathology and surgical findings discussed today. Patient encouraged to slowly increase activity to baseline with exception of heavy lifting and intercourse. Follow-up in 3 weeks for continued post-operative evaluation and pelvic exam.	Health - 000092-000094	
01/20/2016	XXXX Women's Health XXXX, M.D.	**Follow-up visit for continued postoperative evaluation:** Patient continues to do well. She reports an increase in light brown vaginal spotting without active bright red bleeding. She has resumed all normal activity without complication. **Medication list:** Depo-Provera 150 mg/mL intramuscular suspension, Metrogel Vaginal 0.75 % vaginal gel Weight: 222 lbs **Physical examination**: **Gastrointestinal: Abdomen:** Lap sites ×3 well healed **Vagina**: Minimal amount of light yellow/brown	MR - XXXX Women`s Health - 000095-000097	1173-1175

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		discharge noted in vault secondary to dissolution of suture **Assessment:** Postoperative exam **Instructions:** Patient continuing to heal well without clinical signs/symptoms of infection. Pelvic exam unremarkable today with dissolved suture noted in vault. Reassurance given concerning vaginal discharge, and this is normal with vaginal suture dissolution. Patient encouraged to continue all normal activity with exception of heavy lifting and intercourse. **Disposition:** Call or return if symptoms worsen or persist.		
02/10/2016	XXXX Women's Health XXXX, M.D.	**Follow-up visit for final postoperative evaluation:** Patient continues to do well. She has resumed all normal activity without complication. She denies any further episodes of vaginal bleeding. **Medication list:** Depo-Provera 150 mg/mL intramuscular suspension, Metrogel Vaginal 0.75 % vaginal gel **Weight**: 223 lbs **Physical examination**: **Gastrointestinal: Abdomen:** Laparoscopic sites ×3 well healed **Vagina**: Vaginal cuff well healed, no suture or abnormal discharge present, non-tender to palpation **Assessment:** Postoperative exam **Plan:** Patient completely healed without further need for activity restriction. Patient encouraged to resume all normal activity including heavy lifting and intercourse. Patient advised that she no longer requires pap smears secondary to TLH with negative cervical pathology and no personal history of severe cervical dysplasia. Follow-up in 12/2016 for annual exam or sooner if symptoms	MR - XXXX Women`s Health - 000098-000100	1176-1178

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		arise. **Disposition:** Call or return if symptoms worsen or persist.		
04/13/2016	XXXX Women's Health XXXX, M.D.	**Office visit for vaginal discharge and vulvar itching:** **Chief complaint:** Vaginal discharge; vulvar itching Patient presents today with complaint of vaginal discharge noted after intercourse. She reports the discharge is yellow in character. She describes the discharge as yellow. **Significant risk factors include**: New chemical or hygienic agent exposure. The chemical/hygienic agent exposure includes deodorant soap. She has had previous treatment for this condition that included Diflucan. Patient stated Monday she tried Monistat, which did not help, also had a prescription for Diflucan which helped but patient still complains of yellow vaginal discharge **Review of systems: Genitourinary:** Vaginal discharge, vaginal/vulvar itching or irritation Weight: 217 lbs **Physical examination**: **External genitalia:** Slight erythema noted **Vagina** Scant amt of thin white discharge noted in vault **In-office procedures:** **Wet prep** **BV Whiff test Vagina QI**: Negative Clue cells XXX QI wet prep: Negative KOH prep XXX: Positive Trichomonas vaginalis Ag Genital QI: Negative Yeast Budding # Ur Comp Assist: Negative **Assessment** • Candidiasis of vulva and vagina • Discharge from the vagina **Instructions:**	MR - XXXX Women`s Health - 000101-000103	1179-1181

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		Vaginal discharge: Exam and wet prep positive yeast. Prescription for Nystatin cream and Diflucan sent to pharmacy today. Follow up as needed or sooner if symptoms persist.		
06/10/2016	XXXX Medical Center XXXX, M.D.	**Office visit for urinary symptoms:** **Diagnosis:** Acute UTI	MR - XXXX Medical Center - 000045-000047	45-47
11/09/2016	XXXX Women's Health XXXX, M.D.	**Office visit for vaginal discharge:** Patient complains of a thin, white, and foul-smelling vaginal discharge. She also reports no additional symptoms. Risk factors: The patient denies risk factors of recently entering into a new sexual relationship, multiple recent sexual partners, chlamydia, gonorrhea, unprotected sex, and frequent yeast infections. The patient reports she has not been exposed to new chemicals or hygienic agents. There are the following aggravating factors: exercise. She has had previous treatment for this condition which included: Diflucan. She states this therapy has resulted in complete relief of symptoms. **Review of systems: Genitourinary**: Vaginal discharge **Weight:** 204 lbs 8 oz **Physical examination**: **Vagina:** Vaginal cuff normal in appearance with adherent thick clump white discharge noted. **In-Office Procedures:** Wet prep BV Whiff test vaginal QI: Negative Clue Cells XXX QI Wet Prep: Negative KQH Prep XXX: Positive Trichomonas vaginalis Ag Genital QI: Negative Yeast Budding # Ur Comp Assist: Positive **Assessment:** • Candidiasis vulvovaginitis • Discharge from the vagina	MR - XXXX Women`s Health - 000104-000106	1182-1184

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		Instructions Wet prep positive for yeast today. Prescription for Diflucan sent to pharmacy. Discussed vaginal hygiene and avoidance of harsh soaps or chemicals. **Disposition:** Call or Return if symptoms worsen or persist.		
03/09/2017	XXXX Medical Center XXXX *(Credentials unknown)*	**Office visit for multiple concerns:** Patient with concern for increased fatigue/"just tired which has for a while. Does not feel like she can get out of the bed, just as tired when she gets up as when she goes to bed. Also complains of slight frontal headache, recurrent left neck knot which swelling sometimes which has been going on for about a week **Review of systems: Constitutional**: Fatigue, energy level **Assessment:** • Enlarged thyroid • Localized swelling with mass of neck • Chronic fatigue Prescription for Diflucan 150 mg and Amoxicillin 500 mg	MR - XXXX Medical Center - 000039-000042	39-42
04/03/2017	XXXX Medical Center XXXX *(Credentials unknown)*	**Office visit for urinary symptoms:** **Diagnosis**: UTI: Cipro, Fluconazole, scheduled voiding, push fluids, drink plenty of water, hygiene - wipe front to back	MR - XXXX Medical Center - 000036-000038	36-38
05/30/2017	XXXX Associates XXXX, M.D.	**Follow-up visit for arthritis:** **Review of systems: Endocrine**: Fatigue	8B7B13342F89 4C66BF24, XXXX, 85-89	1265-1269
03/05/2018	XXXX Associates XXXX, M.D.	**Follow-up visit for arthritis:** **Review of systems: Endocrine**: Fatigue	8B7B13342F89 4C66BF24, XXXX, 76-80	1256-1260

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07/10/2018	XXXX Associates XXXX, M.D.	**Follow-up visit for arthritis:** **Review of systems: Endocrine**: Fatigue	8B7B13342F894C66BF24, XXXX, 71-76	1251-1256
07/20/2018	XXXX Medical Center XXXX, M.D.	**Office visit for urinary symptoms:** **Assessment:** UTI **Supportive care:** Increase fluids.	MR - XXXX Medical Center - 000022-000025	22-25
07/26/2018	XXXX Women's XXXX, M.D. XXXX, CNM	**Office visit for annual gynecological exam:** The patient is physiologic menopausal. There have been no significant changes in her health history since her last visit. She complains of constipation. Patient admits she is taking several different medications. She denies vaginal discharge, abdominal pain, and dysuria. The patient is not taking HRT medication. She is having mild vasomotor symptoms. **Review of systems: Gastrointestinal**: Constipation **Physical examination**: **Genitourinary**: Normal **Assessment:** Encounter for general routine gynecological exam with abnormal findings **Plan:** Diflucan 150 mg oral tablet, Nystatin 100,000 unit/g topical cream. Return to clinic in 1 year and as needed.	MR - XXXX Women`s Health - 7.26.18 - 000001 - MR - XXXX Women`s Health - 7.26.18 - 000004	1442-1445
08/12/2018	XXXX Medical Center	**Urine culture:** **Collected date:** 08/09/2018 **Result:** 10,000-50,000/ml Escherichia coli	A1062A78549849D1B73E, XXXX, 540	1021
10/16/2018	XXXX Associates XXXX, M.D.	**Follow-up visit for arthritis:** **Review of systems: Endocrine**: Fatigue	8B7B13342F894C66BF24, XXXX, 66-71	1246-1251
02/05/2019	XXXX Associates	**Follow-up visit for arthritis:**	8B7B13342F894C66BF24,	1232-1237

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	XXXX, M.D.	**Review of systems: Endocrine**: Fatigue	XXXX, 52-57	
05/22/2019	XXXX Associates XXXX, M.D.	**Follow-up visit for arthritis:** **Review of systems: Endocrine**: Fatigue	8B7B13342F894C66BF24, XXXX, 48-52	1228-1232
10/11/2019	XXXX Medical Center XXXX, M.D.	**Follow-up visit for UTI:** **Diagnosis:** UTI: Follow-up on Monday for a repeat Urine culture	MR - XXXX Medical Center - 000011-000013	11-13
02/19/2020	XXXX Associates Smith Carl, M.D.	**Follow-up visit for neck and low back pain:** **Review of systems:** **Gastrointestinal**: Abdominal pain **Endocrine**: Fatigue	8B7B13342F894C66BF24, XXXX, 19-25	1199-1205
02/26/2020	XXXX Associates Smith Carl, M.D.	**Follow-up visit for neck and low back pain:** **Review of systems:** **Gastrointestinal**: Abdominal pain **Endocrine**: Fatigue	8B7B13342F894C66BF24, XXXX, 10-16	1190-1196
03/23/2020	XXXX Medical Center XXXX, M.D.	**Office visit for annual wellness visit:** **Assessment:** Routine medical exam **Anxiety**: Stable no new intervention, continue Ativan 1 mg as needed	MR - XXXX Medical Center - 000001-000007	1-7
04/07/2020	XXXX Associates XXXX, M.D.	**Follow-up visit for arthritis:** **Review of systems:** **Gastrointestinal**: No abdominal pain **Genitourinary:** No incontinence, hematuria, difficulty urinating or increased frequency **Endocrine**: No fatigue Return to office on 07/13/2020	8B7B13342F894C66BF24, XXXX, 5-10	1185-1190
09/06/2009 - 05/18/2020	*Multiple providers*	**Records not relevant to case review:** Admission record, after care instructions, anesthesia record, assessment, bilateral digital mammogram, colonoscopy, consent, CT scan of chest, abdomen and pelvis with contrast, discharge instructions, discharge summary, echocardiogram, electrocardiogram, ER		1002-1020, 101-109, 1022-1035, 1038-1051,

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		record for high bp, ER visit for toothache, jaw pain, fax sheets, follow-up visit status post chemotherapy for colon cancer, headache, Holter monitor report, labs, mammogram, medication sheets, MRI of right and left shoulder, MRI of right shoulder, office visits for arthritis, back pain, bilateral shoulder pain, chest pain, constipation, depression, hypertension, finger open wound, hypertension, incisional hernia, joint pain, left heel pain, potassium check, respiratory symptoms, shoulder joint pain, throat pain, upper respiratory infection, influenza vaccine, operative report for laparoscopic repair of ventral incisional hernia with mesh, orders, others, post anesthesia evaluation, preanesthesia, preoperative interview, procedure report, progress notes, referral report, ultrasound, X-ray of abdomen, X-ray of cervical spine, X-ray of chest, X-ray of left foot, X-ray of small bowel, X-ray of thoracic spine, assessment, bilateral L3 medial branch block, bilateral L3, L4, L5 radiofrequency thermocoagulation of medial branch under fluoroscopic guidance, bilateral L4 medial branch block, bilateral L5-S1 facet steroid injection with fluoroscopic guidance, bilateral S1 trans foraminal epidural steroid injections with fluoroscopic guidance, labs, left L3 radiofrequency neuroablation, mammogram, MRI of cervical spine without contrast, MRI of lumbar spine without contrast, office visit for neck pain, lower back pain, orders, others, right L3, L4, L5 radiofreqeuncy thermocoagulation of medial branch under fluoroscopic guidance, X-ray of cervical spine *Bates ref: 8B7B13342F894C66BF24, XXXX, 100-132, 137-140, 150, 151-171, 17-18, 172-174, 175-177, 178-190, 192-193, 194, 195-197, 201-203, 205-212, 214, 215-216, 218-239, 26-47, 58-66, 80-85, 89-100 A1062A78549849D1B73E, XXXX, 101-102, 105-106, 108-117, 120-133, 135-139, 1-4, 140-154, 157-185, 19-20, 196-211, 21-22, 212-213, 216-229, 23, 231-243, 24, 244-253, 25-26, 254-272, 27, 273, 274-276, 279-289, 28, 29, 290-292, 299, 30, 302-316, 31, 317, 318-319, 320, 322, 32-33, 323-334, 335-336, 338, 339-353, 34-43, 354-355, 356-360, 361-362, 363, 364-365, 366-368, 369-381, 382, 383-385, 388-398, 399-400, 402-426, 428-475, 44-46, 47-48, 476-491, 49, 493-518, 521-537, 52-76, 538-539, 541-554, 557-570, 5-7, 574-596, 77-99*		1055-1077, 1083, 1086-1088, 112-114, 1142-1144, 116-117, 1163-1166, 1197-1198, 1206-1214, 121-122, 1214-1227, 123-126, 1238-1246, 130-135, 1260-1269-1312, 1317-1320, 1330-1392, 136-141, 1394-1396, 1398-1419, 14-16, 142-147, 149-151, 153-156, 161-

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				1655, 1650-1652, 1646-1649