REGISTRY FILE NUMBER
2170295
REGISTRY LOCATION
Vancouver

REPLY

IN THE PROVINCIAL COURT OF BRITISH COLUMBIA (SMALL CLAIMS COURT)

☑ To a Claim
☐ To a Counterclaim

TO:
Copy the name, address and telephone number of the claimant from the Notice of Claim or Notice of Civil Resolution Tribunal Claim.

NAME Jessica Simpson — CLAIMANT(S)
ADDRESS 505 - 8840 210 St.
CITY, TOWN, MUNICIPALITY Langley — PROV. British Columbia — POSTAL CODE V1M 2Y2 — TEL. [redacted]

FROM:
Fill in the name, address and telephone number of the defendant filing this reply.

NAME Vancouver Coastal Health Authority operating as Three Bridges Clinic — DEFENDANT
ADDRESS c/o Dives, Harper, Stanger & Mizrahi LLP attn: Eric Stanger
600 - 815 Hornby Street
CITY, TOWN, MUNICIPALITY Vancouver — PROV. British Columbia — POSTAL CODE V6Z 2E6 — TEL. # [redacted]

DISPUTE:
Using the "HOW MUCH" section of the Notice of Claim or the Notice of Civil Resolution Tribunal Claim as a guide, tell why you disagree with each part (a - e). If you agree with parts of the claim say so.

a See attached Schedule "A"

b

c

d

e

ROBSON SQUARE
JAN 14 2022
PROVINCIAL COURT

AGREEMENT WITH THE CLAIM:
If you agree to pay all or part of what is claimed, make a proposal.

I (NAME) NIL agree to pay $
I could make the following payments:
(GIVE DATES AND AMOUNTS)

COUNTERCLAIM (YOU SHOULD ONLY FILL OUT THIS PART OF THE FORM IF YOU WISH TO MAKE A CLAIM AGAINST THE CLAIMANT)
(THIS PART IS NOT TO BE USED WHEN REPLYING TO A COUNTERCLAIM OR TO A NOTICE OF CIVIL RESOLUTION TRIBUNAL CLAIM)

WHAT HAPPENED?
Briefly tell what has led to your counterclaim.

HOW MUCH?
Tell what you are claiming. If your counterclaim has more than one part, separate each part and fill in each individual amount, then add the individual amounts to make the total.

a NIL	$	
b	$	
c	$	
TOTAL	$	0.00
+ FILING FEES	$	
= TOTAL CLAIMED	$	

court copy

REPLY

court copy

FORM 2
SCL 002 04/2017
(OPC 7530654502)

No. **2170295**
Vancouver Registry

IN THE PROVINCIAL COURT OF BRITISH COLUMBIA

BETWEEN:

JESSICA SIMPSON

PLAINTIFF

AND:

VANCOUVER COASTAL HEALTH AUTHORITY operating as THREE BRIDGES CLINIC

DEFENDANT

SCHEDULE "A"

1. In response to the whole of the Notice of Civil Claim, the defendant specifically denies that it, or any employees, servants or agents of the defendant Vancouver Coastal Health Authority were negligent or in breach of any duty as alleged or at all, and further specifically denies that the plaintiff has suffered the injury, loss, and damage claimed, or any loss or damage at all.

2. The plaintiff attended Three Bridges Clinic between approximately February 2, 2021 and June 10, 2021 for care (the "Treatment Period").

3. This defendant further says that any and all care and treatment rendered to the plaintiff by this Defendant and by any employee of the Health Authority during the Treatment Period was rendered with reasonable skill, care and diligence, and in accordance with accepted standards of practice.

4. In response to the whole of the Notice of Civil Claim this defendant specifically denies that it or its employees, servants or agents were negligent or in breach of any duty as alleged or at all during the Treatment Period, and further specifically denies that the plaintiff has suffered the injury, loss and damage claimed, or any injury loss or damage at all.

5. In the alternative and in further answer to the whole of the Notice of Civil Claim, if this defendant was negligent or in breach of duty as alleged or at all, which is not admitted but is specifically denied, then such negligence or breach did not cause or contribute to any injury, loss, damage or expense allegedly suffered by the plaintiff.

6. In the further alternative and in further answer to the whole of the Notice of Civil Claim, if the plaintiff suffered or will continue to suffer any injury, loss, damage or expense as claimed or at all, then the plaintiff has failed to mitigate her losses by failing to take all reasonable steps to minimize or avoid such injury, loss, damage or expense.

Defendant's address for service:

Dives, Harper, Stanger & Mizrahi LLP
Barristers and Solicitors
600 – 815 Hornby Street
Vancouver, B.C. V6Z 2E6
Attention: Eric Stanger

Fax number for service: 604-605-1414

DIVES, HARPER, STANGER & MIZRAHI LLP

Date: January 14, 2022

Per: _____

Eric Stanger
Lawyer for the defendant Vancouver Coastal Health Authority

Certificate of Readiness

In the Provincial Court of British Columbia (Small Claims Court)

Vancouver
27-Jan-22
REGISTRY

REGISTRY FILE NUMBER
2170295
REGISTRY LOCATION
Vancouver

Certificate of Readiness

Fill in the registry file number shown on the Notice of Claim.
Fill in the names of the parties, copying them from the Notice of Claim.

In the case between:

Name Jessica Simpson — **CLAIMANT(S)**

and

Name Vancouver Coastal Health Authority — **DEFENDANT(S)**

FROM:

Fill in the name, address and telephone number of the claimant who is filing the certificate.

Name Jessica Simpson — **CLAIMANT**

Address 505 - 8840 210 St. #265

City, Town, Municipality Langley — Prov. British Columbia

Postal Code V1M 2Y2 — Tel. # 778-705-1147

I am claiming damages for personal injuries and am ready to discuss settlement of my entire claim.

I attach all medical reports and all records of expenses or losses incurred or expected.

Fill in the date and sign here.

Jan 27, 2022
Date

Jessica Simpson
Sign, print or type name of claimant

FORM 7
SCL 007 12/2020
OPC #7530854511

COURT

Patient Chart

Printed: 2022-Jan-10

Patient Demographics

Simpson, Jessica Serenity [redacted]
34 years old female
Birthdate: 1987-Jun-12

Home Phone: (604) 355-1240
Work Phone: (778) 549-7166
Cell Phone: (000) 000-0000

Address:
203 8915 202nd St
Langley, BC
V1M 0B5
Canada

Secondary Address: n/a

Medical History

Problem History:	TRANS-SEXUALISM, SEXUAL DEVIATIONS AND DISORDERS, OTHER COMPLICATIONS OF PROCEDURES, NOT ELSEWHERE CLASSIFIED
Risk Factors:	None Recorded
Active Medications:	OZEMPIC 0.25-0.5 MG DOSE PEN, GABAPENTIN 300 MG CAPSULE, MAR-AMITRIPTYLINE 25 MG TABLET, metformin HCL 500 mg Oral Tablet, AURO-CYCLOBENZAPRINE 10 MG TAB, medroxyprogesterone acetate 10 mg Oral Tablet, risperidone 0.5 mg Oral Tablet, bupropion HCL 100 mg Oral Tablet, Extended Release, rosuvastatin calcium 10 mg Oral Tablet, gliclazide 60 mg Oral Tablet, Extended Release 24 Hr, insulin glargine,human recombinant analog 100 unit/ml (3 ml) Subcutaneous Insulin Pen (mL), estradiol 0.5 mg Oral Tablet
Surgical/Medical History:	None Recorded
Known Allergies:	CITALOPRAM 10 MG TABLET - Citalopram Analogues (Drug Allergy)
Lifestyle Notes:	None Recorded
Family History:	None Recorded
Gynecological History:	None Recorded
Obstetrical History:	None Recorded
Past Medical History:	Hard of Hearing, Diabetes, Dyslipidemia, Brain Cyst - x 2, benign
Past Surgical History:	Neovagina creation - Dr Brassard, Montreal based
Reason for Referral:	None Recorded

Patient:	**Jessica Simpson**	**Appointment Date:**	**2021-Mar-08**
Title:	**Note**		
Provider:	**Vilayil, Ruth**	**Referred By:**	**Tancon, Scott**

Jessica was seen in office followup. She is 2 months post op from neovaginal construction done in Montreal. She had a post operative bleed and some hypergranulation tissue as a post op complication.
She is having significant discomfort doing vaginal dilation and has not been able to go up to the recommended calibre of dilator since I saw her in ER, and is down to every other day treatments. There is vaginal bleeding for which she sees Rebecca (nurse) at 3 Bridges for thrice weekly AgNo3 treatments. She has urinary urgency and nocturia which is new in the last few days. The urinary stream seems to go off at a right angle.

OE:
general appearance mild distress
abdomen overweight
vulva - external incisions well healed, hypergranulation tissue on the cheeks posterior to neovaginal opening
vagina - has a thin band of ? adhesion / scar tissue creating 2 openings. vaginal length reduced from previous, can admit length of one finger
blood on glove after the exam

Assessment: Jessica is experiencing possible UTI symptoms, and post op hypergranulation tissue and adhesive band across the neovagina.

Recommendation: I will contact her surgical team in Montreal / 3 Bridges for recommendations as she is still fairly early in the healing process.
I encouraged her to continue with the sitz baths and the vaginal dilation at the recommended frequency at as much depth as possible.

Patient:	**Jessica Simpson**	**Appointment Date:**	**2021-Mar-12**
Title:	**Note**		
Provider:	**Vilayil, Ruth**	**Referred By:**	**None**

Phoned Dr Langhani and left message, no oreply yet.

D/w Rebecca at 3 Bridges. She has been seeing her for the hypergranulation complication. She has referred Jessica to the vaginoplasty plastic surgeon doctor at VGH for urgent followup, has an appt there today.

P: no f/u here for now

Patient:	**Jessica Simpson**	**Appointment Date:**	**2021-Mar-19**
Title:	**Phone followup - RV**		
Provider:	**Vilayil, Ruth**	**Referred By:**	**None**

I had a phone visit with Jessica today. As per her email, she is having increased vaginal bleeding, saturating thick pads, was seen by Rebecca at 3 bridges and she saw BRBPV with speculum insertion as well. Feeling weak/dizzy, still at work. pain is ok.

A: post op complication from lysing the vaginal band?
P: proceed to VGH ER, may need vaginal packing temporarily

Patient:	**Jessica Simpson**	**Appointment Date:**	**2021-May-03**
Title:	**Phone followup - RV**		
Provider:	**Vilayil, Ruth**	**Referred By:**	**Tancon, Scott**

I had a phone visit with Jessica today at her request. Still struggling with hypergranulation tissue, saturating pads, etc. it seems it is not frank blood but brown and sticky mixed with transudate. She has seen Dr Genoway and I will request her notes from their interaction, Jessica is ok with that request.

She is requesting in person physical exam to see if anything can be done about the hypergranulation at the apex of the vagina. I am trying not to duplicate care as she is seeing three bridges and Dr Genoway, but I will request their notes and bring Jessica in to see me shortly.

Patient:	**Jessica Simpson**	**Appointment Date:**	**2021-May-14**
Title:	**Office followup - RV**		
Provider:	**Vilayil, Ruth**	**Referred By:**	**Tancon, Scott**

Jessica was seen in the office for followup today, by request. She is still dilating daily basis with size #2. There is daily bleeding, BRB, not excessive amounts. Some clear discharge. She is worried about location of her clitoris. She has discussed this with her surgeon in Montreal. The vaginal band got incised by the dr in Vancouver.

oe
still granulation tissue in the neovagina, less than previous. less bleeding .
?clitoris seen somewhat buried beneath the apex of the labia majora.
spec: able to advance fairly deep in to the full length, no granulation tissue seen deep within. AgNo3 to the superficial granulation tissue visualized.

P: reassurance, no f/u here for now.

Patient:	**Jessica Simpson**	**Appointment Date:**	**2021-Jun-29**
Title:	**Office followup - RV**		
Provider:	**Vilayil, Ruth**	**Referred By:**	**Tancon, Scott**

Jessica was seen in the office for followup today at her request. I spent 45 minutes with her and her mother today.
The hypergranulation complication of surgery is improving. Almost none externally. She has not been dilating the neovagina due to pain, she didn't say how long she has stopped for. No more bleeding.

oe
vulva - well healed, mild scarring
vagina - bilateral labial hypergranulation tissue anteriorly, treated with AgNo3 with consent
spec: unable to advance the speculum beyond 4 cm internally.
single digit exam - the neovagina has narrowed deeper internally, not able to admit even 1 fingertip.

I had a difficult discussion with Jessica and her mother. She was visibly upset because of the apparent

collapse of the neovagina due to lack of dilation.
I encouraged her to purchase the smallest vaginal dilators available, and to commence dilation AT LEAST ONCE EVERY 24 HOURS, ideally more frequently. There is hope that the collapsed portion may slowly, gradually, open back up. There is a very certain risk that if she does not do regular dilation, that the ~4cm portion that she does have will close up too.

Questions were answered to the best of my ability. No guarantees were given or implied.

I will initiate a re-referral to Dr Genoway the reconstructive surgeon, for her expert advice in how to manage this complication.

Patient:	**Jessica Simpson**	**Appointment Date:**	**2021-Jul-06**
Title:	**Note**		
Provider:	**Vilayil, Ruth**	**Referred By:**	**None**

d/w her GP on the phone - there is a referral in place to Dr Genoway, awaiting a date.
I emphasized that she needs to keep dilating, even if it is a smaller dilator.
no followup from here booked.

Patient:	**Jessica Simpson**	**Appointment Date:**	**2021-Jul-13**
Title:	**Note**		
Provider:	**Vilayil, Ruth**	**Referred By:**	**Tancon, Scott**

Thank you for re-referring Jessica, who is a 34 year old trans woman who has a complication post-gender affirming surgery. She is here with her mother, who is hard of hearing. I originally met her in ER at RMH in January 2021 when she had vaginal bleeding and difficulty with the prescribed post op dilation programme.
She has now had a new challenge, which is stenosis of the neovagina. She had too much pain and difficulty with the TID dilation, and eventually stopped. She presented to ER recently with symptoms of fever and chills, and I was reconsulted again regarding her postoperative recovery issues.
She has a referral in to Dr Genoway, who is a Vancouver based plastic surgeon who specializes in gender affirming surgery. She has an appointment with her in August 2021.

OE:
general appearance NAD
abdomen overweight
neovulva - no granulation tissue noted, well healed
neovagina - hypergranulation tissue noted internally, pink, no smell. able to admit 1 finger, about 5 cm depth. used her smallest silicon dilator, not able to use the next size up due to calibre mismatch she is visibly uncomfortable with the exam/dilation & describes shooting pain.

Assessment:
Jessica is a 34 year old transwoman who is 6 months post op from gender affirming surgery. She has had a complicated post op course with post op bleeding, hypergranulation tissue, multiple ER visits, and now stenosis of the neovagina, likely due to lack of dilation during the post op time frame.

Recommendation:I have encouraged her to dilate with the smallest dilator as much as she can tolerate, and to gradually increase to the next size up. I believe she has been in touch with her original surgeon who would be the best one to advise on this complication. I spent 45 minutes with them today. She has an appointment with the Vancouver based specialist next month.

If there is a need for general gynecology surveillance in future, I am happy to see her again. I have requested to be copied on notes from Dr Genaway.

Patient	SIMPSON, JESSICA SERENITY	Home Phone	(213)479-9983\R\(	Work Phone	
Health #	[redacted]	Sex	F	Patient ID	[redacted]
MRN	[redacted]				
DOB	1987-Jun-12				

Lab Id: [redacted]
Ordered By: VILAYIL RUTH ANN Reported By: TRANSFHA
Date of Service: 2021-Jan-28 Reviewed: 2021-Feb-01 by RVilayil
Reported Date: 2021-Jan-28 4:25 PM
CC: [redacted] VILAYIL RUTH ANN
Updated On: 2021-Aug-15 7:15 AM

Consultation Note (Final)

FINAL REPORT
RIDGE MEADOWS HOSPITAL Patient Location: RM.ER22
CONSULTATION
Name of Patient: SIMPSON, JESSICA SERENITY
Medical Record Number: [redacted]
Account/Encounter:
Date of Consultation: 28/01/2021
Consulting Service: OBSTETRICS AND GYNECOLOGY
Consultation Requested By:
CLINICAL HISTORY
Jessica is a 33-year-old woman who had gender affirming surgery on January 11, 2021, in Montreal. I was consulted because of a postoperative complication which occurred this morning at 8:30. She was performing routine vaginal dilation as instructed by her surgeon and experienced a significant vaginal bleed. She describes approximately 500 mL of clot and blood and she called the ambulance and was brought to our emergency room. Hemoglobin was found to be 114. After consultation with one of her surgeons in Montreal, Dr. Lainghani, the emergency doctor, Dr. Tancon did a speculum examination with a small speculum and visualized some dark red bleeding and I was consulted at that point.
Jessica is not experiencing any significant vaginal pain. She does have chronic pain from a previous motor vehicle collision, which is well managed currently. Her history is significant for type 2 diabetes, chronic pain, high cholesterol. She also has some form of a cyst in the brain which has implications for anesthesia. Indicates no other surgeries apart from the vaginal reconstruction 17 days ago.
She has allergies to citalopram and a certain muscle relaxant.
Medications include:
1. Two oral medications for glycemic control.
2. Gabapentin.
3. Tylenol No.3 p.r.n.
4. Tramadol p.r.n.
5. Statin for the high cholesterol.
6. She is on estradiol and Prometrium.
On examination, I inspected the vulva and it seemed a bit swollen. There was quite a lot of transudate coming from the vaginal area, which is like a clear fluid which does not look like urine. There was a slight superficial dehiscence in the posterior vagina and in the right labia, which is not bleeding with some granulation tissue on the posterior vagina as well. Incisions were visible on the left labia, which appeared intact and the skin looked healthy externally. The new urethra was visualized and appeared healthy at the moment as well. I performed a speculum exam with the small speculum with the mobile light attached, which was difficult because the anatomy is slightly different than what I am used to. The speculum examination was performed with her consent and also with the approval of her surgeon in Montreal. I gently was able to enter posteriorly and opened the blades of the speculum. I could see some dark red bleeding from what looked like the apex of the vault. However, there was no particular lesion or vessel that could be identified and the amount of bleeding

was only enough to saturate about 1/8 of a Ray-Tec gauze. The speculum was removed.

I then stepped out and consulted with Dr. Lainghani over the phone, and described the findings in detail. He was of the view that typically the recommended treatment would be to fashion an improvised vaginal stent of 2 ABD pads folded over and put into a condom which could then be placed and secured in the new vagina for 24-48 hours. It could then be removed and the patient can proceed with vaginal dilation as prescribed in the postoperative time frame. I did discuss with a front desk worker at the gender surgery clinic at VGH and she emphasized assurance that this patient is connected with the Three Bridges program who could arrange followup.

I was able to go to the OR and get some ABD dressings and I used a condom from the ultrasound probe in the ER since we do not have traditional condoms in the hospital and these were both medical grade products.

At the bedside, I explained to Jessica the recommendations from the surgeon and explained in detail the reasoning behind it. It seemed to be emphasized by both the people I talked to her that it is very important to keep the new vagina stented open as lose length and caliber if it collapses. After asking many questions, Jessica and her mother were satisfied and she was okay to proceed with the inserting the makeshift vaginal stent. I asked one of the emergency nurses to attend and assist in the procedure. I initially took a large abdominal pad and folded it over and put a 2nd one into the condom as instructed. However, Jessica was not able to tolerate the caliber once it had been pushed in about 4 cm. I was simply not able to advance any further. I took it out. I removed one of the abdominal dressings and folded it over so that the caliber was slightly reduced and it was already inside the ultrasound probe cover. I did trim the ultrasound probe cover so that the length was adequate. I was then able to successfully place that as a makeshift packing into the vagina and Jessica was reasonably comfortable with it in situ. There was some fluid and blood that came out from around it once I pushed in, however, this was not excessive. After the makeshift stent was in, I placed some Mepore tape around the opening to try to keep it in place. This seemed satisfactory to Jessica and her mother.

In assessment, Jessica is a 33-year-old woman who has had a postoperative complication from her vaginal reconstruction surgery. The bleeding has settled down since arrival in the emergency and she has not had to change a pad since I saw her approximately 2 hours ago. Her hemoglobin is stable and her vitals are stable.

RECOMMENDATION

After extensive discussion with Jessica, her mother, her surgeon in Montreal and the gender surgery clinic at VGH, we have agreed on the plan of keeping the makeshift vaginal stent in for approximately 36 hours and the patient is recommended to go home and take rest. I have requested that she return through emerg on Saturday, January 30, 2021, and my colleague, Dr. Lampen, will be on call and he can remove the stent and re-examine as needed. Jessica will need some kind of surgical followup, which ideally would be at the Three Bridges program; however, if this is not acceptable to her, it could be with myself or with her family doctor. I have also instructed her to watch and monitor the bleeding closely. If she has to change a pad every hour for 2-3 hours or if she feels weak or dizzy, then she should return back to Emergency for reassessment. Thank you for involving me in this patient's care.

Dictated By: Ruth A Vilayil, MD
Obstetrics And Gynecology
RAV/MODL
Job #: [redacted]
Doc #:
D: 28/01/2021 14:52:21
T: 28/01/2021 16:18:43
cc: Ruth A Vilayil, MD
Keshia Nagra, MD
If signature line does not contain electronic signature status, the report has not been reviewed by author prior to distribution. A corrected report will be distributed if necessary.
BCCA #:
Meditech Report ID: [redacted]

Patient Location: RMH RM.ERZ2

Lab Id: [redacted]
Ordered By: VILAYIL RUTH ANN Reported By: TRANSFHA
Date of Service: 2021-Jan-29 Reviewed: 2021-Feb-01 by RVilayil
Reported Date: 2021-Jan-29 9:13 AM
CC: NAGRA KESHIA, VERRICO HOWARD, VILAYIL RUTH ANN
Updated On: 2021-Aug-15 7:15 AM

Consultation Note (Final)

FINAL REPORT
RIDGE MEADOWS HOSPITAL Patient Location: RM.ERZ2
CONSULTATION
Name of Patient: SIMPSON, JESSICA SERENITY
Medical Record Number: [redacted]
Account/Encounter:
Date of Consultation: 29/01/2021
Consulting Service: OBSTETRICS AND GYNECOLOGY
Consultation Requested By:
CLINICAL HISTORY
Jessica is a 33-year-old woman who was recently transitioned and is 18 days postop from her vaginal reconstruction, which was done in Montreal. She returned last night from her previous discharge from Emergency. She had a vaginal stent placed by myself, which unfortunately fell out after 6 hours. She is not having any pain, and her bleeding, which was happening yesterday, has completely resolved. Please refer to my previous consultation for more detailed history.
Today she is afebrile. Her blood pressure is a bit high at 175/89. She has no headache. Vulva is still a bit swollen. There is some granulation tissue externally and in the introitus and copious amounts of transudate-like discharge with a bit of an odor. I took a swab and sent that for analysis.
We had a detailed discussion about options, and we decided that I would try a #3 vaginal dilator to make sure that there was no excess of bleeding after using it to dilate, which I was able to comfortably do with her consent. There was minimal pink discharge after removal of the vaginal dilator.
I did discuss this with Dr. Lainghani, in Quebec, and he gave some specific advice and said that no antibiotics were indicated as the discharge is consistent with hypergranulation tissue from the postoperative recovery. He encouraged her to use the saline douches, as recommended by their perioperative team in Quebec, and to continue to use the #3 size dilator until Monday, and then she can integrate the #4 into her program.
ASSESSMENT
Jessica is 18 days postop from a vaginal reconstruction, and she had a vaginal bleed as a complication, which seems to have resolved.
RECOMMENDATION
Jessica will continue with her recovery program as prescribed by the team in Quebec. I will see her in 3 weeks' time in my office. I gave her specific instructions that if the bleeding recurs heavily, such that she needs to change her pad every hour for 2-3 hours, if she feels weak or dizzy, then she should return to Emergency to be assessed. I also encouraged her to follow up with her doctors and multidisciplinary care team in Quebec by virtual means if necessary. Thank you for involving me in Jessica's care.

Dictated By: Ruth A Vilayil, MD
Obstetrics And Gynecology
RAV/MODL
Job #: [redacted]
Doc #:
D: 29/01/2021 08:36:22
T: 29/01/2021 09:02:22
cc: Ruth A Vilayil, MD
Keshia Nagra, MD
Howard J. Verrico, MD
If signature line does not contain electronic signature status, the report has not been reviewed by author prior to distribution. A corrected report will be distributed if necessary.
BCCA #:
Meditech Report ID: [redacted]

Patient Location: RMH RM.EEZ2

Lab Id: [redacted]

Ordered By:	GENOWAY KRISTA	Reported By:	TRANSVCH
Date of Service:	2021-Aug-13	Reviewed:	2021-Aug-15 by RVilayil
Reported Date:	2021-Aug-13 5:08 PM		
CC:	GENOWAY KRISTA, MEZEI MICHELLE M, NAGRA KESHIA, VANCOUVER GENERAL HEALTH RECORDS, VILAYIL RUTH ANN		
Updated On:	2021-Aug-15 7:15 AM		

Outpatient Clinic Consultation Note (Final)

FINAL REPORT

VANCOUVER GENERAL HOSPITAL Patient Location: GSBC

OUTPATIENT CLINIC NOTE

Name of Patient: SIMPSON, JESSICA S
Medical Record Number: [redacted]
Date of Birth: 12/06/1987
PHN: [redacted]
Sex: F
Date of Service: 13/08/2021

This report is provided to support continuity of care. Blanks/discrepancies are indictated by _____. Please contact the dictating author for clarification. If you are the dictating author, please fax any corrections or clarification to:
Transcription Services 604-806-8257

Jessica is a 34-year-old woman who was seen for repeat consultation regarding her vagina. I had previously seen her in consultation as she has had a small skin bridge at the vulva that was limiting her dilation. This was released. Since this time, she has presented to several emergency departments, most recently the Royal Columbian Emergency Department, describing concerns about her having loss of vaginoplasty depth and width.

I had previously seen Jessica, and we had done extensive intravaginal examination. When I first had seen her, she had substantial loss of penile inversion skin flap, as well as scrotal skin graft. I later saw her in April, and she had had improvement in this. When I see her today for internal examination, I am able to complete a speculum examination to approximately 7 cm. She has very little hypergranulation tissue throughout the neo vaginal cavity. A small amount was noted on the right lateral wall and at the apex. This is substantially improved since she was last seen.

Today, I spoke with Jessica at great length regarding her vaginoplasty. She notes that she was _____ to have penetrable intercourse. She has been struggling with dilation, particularly feeling very tense around dilation and having pain associated with it. We talked about relaxation and breathing techniques to help improve this. We talked about the use of both the regular _____ dilators, as well as softer silicone dilators and how this may be better tolerated. Unfortunately, she did not bring her dilators today. I have asked that she book a repeat examination with our nurse clinician where she can bring in her dilators and we can walk through how to dilate successfully. I have also suggested she continue with pelvic floor physiotherapy as they can help with relaxation techniques that can help her facilitate dilation.

At this point, I do not think any revision surgery is needed for Jessica. She has an aesthetic appearing vulva, neo clitoral complex, and external genitalia. She has approximately 10 cm of depth today and does not desire penetrable intercourse. At this time, we will support her with teaching her technique for dilation. She is still in contact with her primary surgeon at

GKS Montreal, and
I have encouraged her to follow up with him should she desire any revision surgery in the future. It has been a pleasure being involved in her care.

Dictated By: Krista Genoway, MD
Plastic Surgery

KG/MODL
Job #: [redacted]
Doc #:
D: 13/08/2021 16:09:19
T: 13/08/2021 17:05:23

cc: Krista Genoway, MD
Keshia Nagra, MD
Health Records
Michelle Mezei, MD, FRCPC

Ruth Ann Vilayil, MD

If signature line does not contain electronic signature status, the report has not been reviewed by author prior to distribution. A corrected report will be distributed if necessary.

Patient Location: VGH GSBC

Consultation Note

Patient:	**SIMPSON, JESSICA S**		
PHN:	[redacted] BC	**Document No:**	[redacted]
Age:	33 years **Sex:** F	**Patient ID:**	
Date of Birth:	Jun 12 1987		
Date of Service:	Mar 12 2021	**Loc:**	VGH GSBC
Reported on:	Mar 13 2021 05:24	**Reported by:**	Vancouver Coastal Transcription (604-806-9696)
Dictating/Ordering Dr:	GENOWAY Dr. KRISTA		
Reported to:	GENOWAY Dr. KRISTA , NATARAJAN Dr. ANITA , PROGRAM GENDER SURGERY , TOWNSEND Dr. MARRIA , VANCOUVER GENERAL HEALTH RECORDS		

FINAL REPORT

VANCOUVER GENERAL HOSPITAL Patient Location: GSBC

CONSULTATION

Name of Patient: SIMPSON, JESSICA S
Medical Record Number: [redacted]
Date of Birth: 12/06/1987
PHN: [redacted]
Sex: F
Date of Consultation: 12/03/2021
Consulting Service: Plastic Surgery
Consultation Requested By:

Jessica Simpson is a pleasant 33-year-old transgender woman who was seen in the clinic in consultation after undergoing a vaginoplasty at GRS Montreal in January 2021.

On January 26th, she noticed significant vaginal bleeding and this resulted in her undergoing treatment at Maple Ridge Hospital. She has been followed by Dr. Ruth Vilayil, in Maple Ridge from Gynecology. She has been having difficulty with dilation and reached out to GRS Montreal. It was noted via photos that she had a skin bridge that was presenting her dilating. She reached out to her care providers and she was referred to the GRS program for assessment.

Of note, the patient has recently been involved in a motor vehicle injury in September, which has resulted in her requiring a hip brace. She has been regularly following up with Three Bridges for ongoing treatment of hypergranulation tissue.

Today, on examination, she was seen with a normal clitoral complex and labia minora. Her vaginal introitus had a skin bridge at the most anterior aspect that the patient pointed was the area of pain and limitation for dilation. Internally, she had significant hypergranulation tissue, both at the vaginal introitus as well as the vaginal cavity. The majority of the vaginal cavity was composed of hypergranulation tissue.

PROCEDURE
In the clinic today with a block of 1% lidocaine with epinephrine, the skin bridge was divided. This was done without complication.

IMPRESSION AND PLAN
At this time, Jessica was seen for management of the skin bridge at the vaginal opening that has been limiting her dilation. This was released without complication. She will continue to follow up with Three Bridges for ongoing treatment of hypergranulation tissue.

During the examination, I noted that she was quite tense in the perineum and we worked on relaxation techniques, as well as proper dilation techniques. With her having a recent motor vehicle injury and struggling with dilation, I think that she would benefit from a referral to a pelvic floor physiotherapist.

I had asked the patient if she would be comfortable with me initiating this referral and she was. Our program will initiate a referral to the pelvic floor physiotherapy team to help her with strength training, muscle relaxation and dilation. No formal followup was arranged. She does have ongoing followup with Three Bridges.

It has been a pleasure being involved in her care.

_____

Dictated By: Krista Genoway, MD
Plastic Surgery

KG/MODL
Job #: [redacted]
Doc #:
D: 12/03/2021 15:59:28
T: 13/03/2021 05:21:18

cc: Krista Genoway, MD
Anita Natarajan, MD
Health Records
Marria Townsend, MD

Gender Surgery Program

If signature line does not contain electronic signature status, the report has not been reviewed by author prior to distribution. A corrected report will be distributed if necessary.

FINAL RESULTS
5/5/2021 8:43 AM **Prepared using PLEXIA EMR** **www.plexia.ca**

Gmail [redacted]

Fwd: Perioperative considerations in adult mitochondrial disease: A case series and a review of 111 cases - PubMed

1 message

Miriam Yaniv <me@miriamyaniv.ca>
To: [redacted] Tue, Jun 29, 2021 at 7:31 PM

Good Evening Dr. Vilayil,
Thank-you so much for today consultation on my Daughter Simpson Jessica.
As Jessica as tried every avenue of getting in touch with her medical/surgical team
is failing and basically is obstructed by some individuals.
I am trying to see how I can help,her.
I went home and started thinking about OUR family history.
As you know we have a family history (Mom.myself ,my sister) have Mitochondrial disease Comlex IV defiecency.This is a Muscular Dystrophy sub-classified disorder.
Where my thinking is at that this is connected with the presentation of Jessica's
vaginal wall prolapse more than her post surgical recovery.
I would greatly appreciate it if YOU can refer us to the right specialist to deal with this
complex disorder.
Dr Genovase is on holidays and it seemed they aren't willing to help her.
She is completely stressed out which doesn't help this process.
I am willing to pay for a private visit with the right specialist.
Thank- you so very much,
Miriam Yaniv
Jessica Mom

Sent from my iPad

Begin forwarded message:

> **From:** Miriam Yaniv <me@miriamyaniv.ca>
> **Date:** June 29, 2021 at 6:39:56 PM PDT
> **To:** Miriam Yaniv <me@miriamyaniv.ca>
> **Subject: Perioperative considerations in adult mitochondrial disease: A case series and a review of 111 cases - PubMed**
>
> https://pubmed.ncbi.nlm.nih.gov/26602285/
>
> Sent from my iPad

I acknowledge my place of work is within the ancestral, traditional and unceded, traditional, and ancestral territories of the Katzie (q̓íc̓əy̓), Kwantlen (Qw'ó:ltl'el), Matsqui (Máthxwi), and Semiahmoo (sɛmi'ɑ:mu:) Coast Salish Peoples, xʷməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Tsleil-waututh Nations.

fraserhealth

SIMPSON,JESSICA SERENITY
DOB: 12-Jun-87 Gnd: F Age: 34
Unit#: RC00041240 PHN: [redacted]
RCH EMG Date: 05-Jul-21
Dr: ER Physician Ge
Dr: Nagra,Keshia K [redacted]

FAX REFERRAL FROM RCH EMERGENCY DEPARTMENT

[redacted] Copy:

Date July 5/21.
Consultant Dr Genoway - Gyne VGH [redacted]
FAX # Copy Dr. Vilayil - Gyne RMH. [redacted]
ER Physician
MSP # [redacted]

Priority to be seen: (please ✓)

☐ Urgent (Less than 1 week) ☐ Semi-Urgent (Less than 1 month) ☒ Routine (Greater than 1 month)

EP should speak to consultant for all urgent referrals

Reason for referral:

has appt
july 13

- M→F Vaginal Construction Jan 2021
- Difficulties maintaining vault opening.
- Requesting local expert provider for future planning.

Patient Name
Age ☐M ☐F
Patient's Contact Phone # 778-549-7166.
Patient's GP or Clinic

Royal Columbian Emergency Department
330 East Columbia Street
New Westminster, BC
V3L 3W7
(Tel) 604-520-4000
(Fax) 604-520-4722

Royal Columbian Hospital [redacted]

fraserhealth

EMERGENCY/ AMBULATORY CARE CLINICAL RECORD

ACCT#: [redacted]
UNIT#:

SIMPSON,JESSICA SERENITY
(N) (604)254-5554

ARRIVAL: 05Jul2021 TIME: 1844 REG. CAT: RC.EMG
ADM: 05Jul2021 TIME: 1853 LOCATION: RC.ERZ2

DOB: 12Jun1987 F 34 GP: Nagra,Keshia K

NOTIFY: YANIV,MIRIAM
REL: MOTHER PHONE: (236)412-4128

OTHER NAME: YANIV,JESSICA SERENITY
ADDRESS: 203-8915 202 ST
LANGLEY BC V1M 0B5
PHONE: (778)549-7166 OTHER #: (778)222-7097
PHN: [redacted] INS: MSP [redacted]
ACCIDENT INFO:

REASON FOR VISIT: UNABLE TO VOID
CHIEF COMPLAINT: Vaginal Bleed, Looks Wel
COMMENT:

Triage Date/Time	CTAS	Alerts				CCI	
05Jul2021 1849	3						

Temp	HR	BP	RR	O2 Sat	GCS	Glucometer	Weight-Kg	Location in Dept
37.0	67	150/82	16	98	15			09

PHYSICIAN NOTES

Allergies: Baclofen, Citalopram*MORE*

- Jessica M->F Gender Sx Montreal Jan 2021.
Vaginal Construction. Dr. Laninghani -
Jan 28 -> RMH - See by Gyne for Vag bleed
+ collapse. Stent placed by Gyne
Fell out after [illegible].
Canal has shut over last 2-3 dy.
No fever. ~~No abn discharge.~~ Thin abn yellow disch.
Able to void (+). No dysu.

O/E Looks Well
[illegible] (-)
Abd soft.
Ext genital exam, no SOT.
mild redness/no discharge @
WBC 8.6 labial/introitus [illegible].

PHYSICIAN ORDERS Time:

[redacted]

DISCHARGE Time:

REFERRALS ☐ Fax Chart
1) Dr. Ruth Vilayil - Gyne.
2)

DIAGNOSIS

Postop Vaginal Closure.

Patient Left Emergency:
☐ Prior to Triage (LWBS)
☐ After Triage (LWBST)
☐ Seen - No Treatment (LWT)
☐ Seen - Treatment began (LAMA)
☐ Death (EXP)

DISCHARGE INSTRUCTIONS ☐ GP ☐ Return to ED ☐ Depart Pack ☐ Discharge Handouts:

Continue to attempt dilation as instructed by Dr. Laninghani, Return if SOB, unable to void or unwell

Discharge Date/Time: 11:42
☐ Transferred to:
PHYSICIAN Name (Print): [redacted]

Nurse's Signature:
Decision to Admit Date/Time:
☐ Admitted to:
PHYSICIAN Signature: [signature]

Time Seen: 11:24p

ERXX100024D Stores # 370532 Dec 05, 2017 WRITE FIRMLY ON A HARD SURFACE. YOU ARE MAKING 4 COPIES. HEALTH RECORDS