

Jackson Clinic • 1722 Pine St. MONTGOMERY AL 36106-1160

SHUMACK, Kellie A (id #28484, dob: 04/25/1967)

THE JACKSON CLINIC

Date: 04/06/2023

RE: Kellie Shumack, DOB: 04/25/1967, PT ID #28484

Dear Lindsey Barton CRNP,

I would like to thank you for referring Kellie Shumack to our practice for consultation and evaluation on 04/04/2023. I have enclosed a copy of the office evaluation for your records. Once again, thank you for allowing me to participate in the care of this patient.

Sincerely,

Electronically Signed by: HIMANSHU AGGARWAL, MD



04/06/2023 08:12 AM * 04/06/2023 *

Himanshu Aggarwal MD, MS, FPMRS
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ENCOUNTER REASON/DATE

dysuria

prolapse of female genital organs

mixed urinary incontinence

incomplete emptying of bladder

atrophic vaginitis

04/04/2023 - 09:00AM - JUG Jackson Urogynecology

PROBLEMS:

Reviewed Problems

- Hypothyroidism
- Vitamin D deficiency
- Dyslipidemia - Dr. Basil Burney
- Hyperlipidemia - Onset: 04/24/2017
- Leukocytosis
- Neuropathy - Onset: 09/16/2021
- Mitral valve disorder - Onset: 03/17/2014
- Mitral valve prolapse - Onset: 08/06/2019
- Prolapse of female genital organs - Onset: 09/12/2022
- Pain in pelvis - Onset: 04/26/2022
- Atrophic vaginitis - Onset: 09/12/2022
- Low back pain - Onset: 09/16/2021

- Tachycardia - Onset: 03/17/2014 - Long-standing. Followed by Dr. Philip Watkins, UAB. Radiofrequency ablation in 2000
- Dysuria - Onset: 02/10/2020
- Incomplete emptying of bladder - Onset: 09/12/2022
- Mixed urinary incontinence - Onset: 09/12/2022
- Abdominal pain - Onset: 04/26/2022
- History of malignant neoplasm of breast - Onset: 02/10/2020
- Screening for malignant neoplasm of colon - Onset: 04/26/2022
- Neoplasm of breast primary tumor staging category Tis (DCIS): Ductal carcinoma in situ, Right - Intermediate to high-grade DCIS of the right lower inner quadrant. ER/PR positive. Discovered May 2016. Radiation oncologist, Dr. Alex Whitley.
- History of supraventricular tachycardia - Onset: 10/23/2017

PAST MEDICAL / SURGICAL HISTORY

Probable hereditary hearing loss. 2014. Dr. Greg Borg.

Cervical disc surgery (replacement). September 2014. Dr. Pritchard (?sp)

Carpal tunnel syndrome

LASIK. 1998.

DIAGNOSTIC HISTORY

06/06/2014. MRI CERVICAL W/O CONTRAST. Cervical disc disease with cervical spondylosis and associated spinal stenosis and foraminal stenosis

04/30/2014. ECHOCARDIOGRAM. Prolapse of the mitral valve leaflets in systole. Insignificant mitral regurgitation.

Normal aortic valve. Normal LA size. Normal LV size/wall motion/function. Dr. Philip Watkins, Birmingham

07/15/2013. US NECK/THYROID.

ALLERGIES:

Reviewed Allergies

CODEINE: Other (Moderate)

MEDICATIONS:

Reviewed Medications

aspirin 81 mg tablet, delayed release Take 1 tablet(s) every day by oral route. Internal Note: Strong family history of CAD	10/23/17 entered
bisoprolol fumarate 5 mg tablet TAKE ONE TABLET BY MOUTH AT BEDTIME	03/03/23 filled
Calcium 500 + D	08/06/19 entered
CoQ-10	08/06/18 entered
estradiol 0.01% (0.1 mg/gram) vaginal cream Discard the applicator. Use a pea-size (0.5g) amount of cream at the opening of vagina at bedtime. THREE TIMES A WEEK	04/04/23 prescribed
Flonase Allergy Relief 50 mcg/actuation nasal spray, suspension Spray 1 spray(s) twice a day by intranasal route.	10/01/18 prescribed
levothyroxine 75 mcg tablet TAKE ONE TABLET BY MOUTH EVERY DAY	03/03/23 filled
Multi Vitamin	08/06/18 entered
rosuvastatin 5 mg tablet TAKE ONE TABLET BY MOUTH EVERY EVENING	03/03/23 filled
UribeL 118 mg-10 mg-40.8 mg-36 mg capsule TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY AS NEEDED FOR 5 DAYS	03/14/23 filled
Vitamin D2	03/09/18 entered

FAMILY HISTORY:

Reviewed Family History

Unspecified Relation

- Diabetes mellitus
- Hypocholesterolemia
- Hypertensive disorder
- History of malignant neoplasm

Father

- Cerebrovascular accident
- Coronary arteriosclerosis
- Hypercholesterolemia

Brother

- Coronary arteriosclerosis
- Hypercholesterolemia

Mother

- Hypercholesterolemia

SOCIAL HISTORY:

Reviewed Social History

Substance Use

Do you or have you ever smoked tobacco?: Never smoker

What was the date of your most recent tobacco screening?: 02/06/2019

What is your level of alcohol consumption?: Occasional

What is your level of caffeine consumption?: Heavy

SURGICAL HISTORY

Reviewed Surgical History

- Breast Biopsy
- LASIK
- Back Surgery
- Lumpectomy - 01/01/2016
- Carpal Tunnel Release - 01/01/2016 - right and left
- Neck spine disk surgery - 01/01/2014

cardiac radiofrequency ablation

ADDITIONAL HISTORY

None recorded

HISTORY OF PRESENT ILLNESS:

None recorded

REVIEW OF SYSTEMS:

None recorded

PHYSICAL EXAM

None recorded

PROCEDURE DOCUMENTATION

None recorded

ASSESSMENT/PLAN

55 year old female presented with complaints of Occasional dysuria, lower abdominal pain, bladder pain. She states that the bladder pain increases when her bladder is full, however she has relief with urination. She does have urine cultures, however reports they are usually not positive. She denies hematuria, history of kidney stones. Urinel works very well for her bladder pain.

She also reports frequency, urgency, occasional feelings of incomplete bladder emptying, double voiding. She denies incontinence. She does not drink coffee or soda. She does occasionally drink tea. She drinks a V8 juice every morning that does contain caffeine.

She states her urinary symptoms started after completion of tamoxifen (which she took for 2 years). she has a

history of DCIS and had a lumpectomy 5 years ago. She states that tamoxifen caused her to go into early menopause.

She has not had a hysterectomy and does report some pelvic pressure.

She denies constipation.

She denies any other personal or family history of genitourinary malignancies.

She works at AUM. Dr. Jehle is her GYN.

She takes an aspirin 81 mg daily. No cardiologist. She does have a history of mitral valve prolapse, however denies any current issues.

10/7/22: no new issues

she is taking uribel

she is using the vaginal estrogen cream

she had a uds done on 9/23/22 : 403ml/VV/25ml

cystoscopy: normal

pelvic exam (ebonie as chaperon): atrophic vaginitis, Minimal prolapse, pelvic tenderness on exam

4/4/23: no new issues

she is taking uribel

she is using the vaginal estrogen cream

she has not done pelvic floor pt. she states she has been doing core exercises at home which she feels has helped she is taking the cranberry supplements.

No UTI

Pelvic floor pain is little bit better however she still complains of it. We recommended learning proper pelvic floor physical therapy.

Location: GU tract

Quality: dull

Severity: Moderate

Duration: Since last visit

Associated signs/symptoms: none

ROS:

General/constitutional: No change in appetite, No chills

Respiratory: No cough or shortness of breath

Cardiovascular: No chest pain, no palpitations

Gastrointestinal: No diarrhea, No blood in the stool

Physical exam:

Eyes: Sclera anicteric, Conjunctiva: Moist

Gastrointestinal: Abdomen: soft, Not distended

Respiratory: Respiration is even and unlabored, Symmetric expansion of the chest

Cardiovascular: No tenderness, no edema, Normal cardiac sounds

Genitourinary: Kidneys not palpable, Bladder not palpable

1. Dysuria -

Uribel as needed for dysuria.

R30.9: Painful micturition, unspecified

2. Prolapse of female genital organs -

Minimal prolapse

N81.9: Female genital prolapse, unspecified

3. Mixed urinary incontinence -

Discussed behavioral management, such as drinking no more than one caffeinated beverage per day and no more than 64 ounces of total liquid per day.

Recommended Pelvic floor physical therapy again

f/u in 1 year

N39.46: Mixed incontinence

4. Incomplete emptying of bladder -

Timed voiding

R39.14: Feeling of incomplete bladder emptying

5. Atrophic vaginitis -

SHORT TERM RX. We discussed ACOG's stance on vaginal estrogen replacement for breast cancer survivors. She reports that she has been told that she can use vaginal estrogen. Risks and benefits discussed.

Local vaginal estrogen cream: Estrace will be prescribed to the patient depending on insurance coverage. Patient should apply it for at least 3 months to see any benefit. Initially it may worsen the symptoms of urgency or burning however over the course of 4-6 weeks it should calm down and eventually benefit the patient. Patient confirmed that there is no contraindication to using estrogen cream-like recent history of breast cancer, history of uterine or endometrial cancer or recent history of stroke and pulmonary embolism, deep vein thrombosis or any hyper-coagulable state.

Discard the applicator which comes with the tube and apply pea-size amount of cream at the opening of vagina at bedtime three times a week. This way she will have the desired effect of the cream and the cream tube may last up to 6 months.

Olive oil twice a week

N95.2: Postmenopausal atrophic vaginitis

6. Recurrent urinary tract infection -

Cranberry supplement information given

N39.0: Urinary tract infection, site not specified

Return to Office

- Himanshu Aggarwal, MD for Follow-Up 15 at JUG_Jackson Urogynecology on 04/08/2024 at 09:15 AM

Reviewed
4/6/23
J. Shumack, CRNP