

# Field Trip: Alie's Mystery Surgery

## Ologies Podcast

### March 21, 2024

Oh hey, it's your Podfather, Alie Ward. Please do join me for a special episode of the podcast program *Ologies*. Usually, we look at a specific field per week, right? This time, we're doing a deep dive into a mystery and a secret that I've kept for a few months because I was scared to tell anyone and I didn't know what was going to happen and since I like you all to learn from my errors and sometimes my colonoscopies, I thought I would answer all the questions that you never asked in hopes of maybe a healthier and happier life for you and maybe some trauma-dumping catharsis for me. Let's see!

But first, just a quick thanks to everyone at [Patreon.com/Ologies](https://patreon.com/Ologies) for making the show possible. You can join if you'd like for a dollar a month, you can submit questions to the ologists ahead of time. Thanks also to everyone wearing *Ologies* Merch on their bods. You can get that at [OlogiesMerch.com](https://OlogiesMerch.com). And do we sell bathing suits so other sunbathing hotties can identify each other? We do. So, put us on your butts. Also, thank you to everyone who sent me well wishes as I have been recovering from this mystery surgery and also for leaving me reviews for me to read from my couch such as this recent one from CeaLove who wrote:

*One show and I was hooked. I love how you share your life with us. Love your guests and all the topics. Please stay well and keep podding! Love you, Dad Ward.*

Which, if I may say, it's an apt one this week because I'm about to share perhaps too much of me in an effort to stay well. So, thank you CeaLove and also anyone who has ever left a review, I've read every single one of them, that is the truth and often they make me cry.

Speaking of crying, let's reveal what in the effing heck is going on with me. Did I have a planned abdominal surgery? Is that where I've been? Did I have a facelift? Did I get a toe removed for cosmetic reasons? Was it fun? How much did it hurt? Come along with me as I find out what this means for the rest of my life. But it's casual. We keep it casual, it's heartfelt but it's important to me and I hope maybe to someone in your life. Okay, let's do it.

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**Alie:** Okay, it's January 25, 2024, and this is just day one of this, I got off the phone with my doctor earlier this morning. Actually, earlier this morning, first thing this morning, I had a call with a lawyer about estate planning and what happens if I become incapacitated and need a power of attorney and living will and an advance directive, all these things. I had this big phone call this morning to get all that shit in order.

**Aside:** So, this was a long standing item on my to-do list, it's taken me years to figure out how to do it but if you're listening to this and you're alive, make some preparations in case you die, which you will. Probably not today but the fun of life is you never know. What is not fun though is paperwork, I know trust me. So, do it for the other people you love. Let your loved ones know if they should throw you into the sea or if they should have a bounce house at your wake and also, get a will. If you own a home, congrats, and get that shit in a trust or make arrangements for who gets it if you get attacked by a zoo animal or something.

So, if you don't do this whilst alive, it can go into probate and your relatives need to come up with lawyers' fees just to have a chance to sell off your stuff. So, let this be your message from me and

from life that, use LegalZoom or set aside a day to google it. I finally did it. I had this big phone call on my calendar for *weeks* and by chance, the hospital reached out the very same day.

**Alie:** And then an hour later, I talked to my doctor on the phone and learned that there's a 10% chance I have uterine cancer right now. There's a 90% chance that I don't but the next step we decided is to get a hysterectomy, which I'll get late next month.

**Aside:** If you've ever voted or will vote, it affects reproductive rights, particularly for people who were born with a uterus. If you are one of those people who have elite, complicated organs that evolved to grow human life, congrats, it can get real messy up in there. It's kind of like owning a vintage car, or a large fish tank; it's cool but it's not always easy. So, if you are a human on planet Earth, you benefited from these organs because you grew inside of them, and you should know how they work, and what can go wrong. So, by listening, you're going to relate to the biological sex that has to deal with this, and you will be a responsible human. Also, am I going to die of cancer soon? Let's find out.

**Alie:** I had asked if I could get a hysterectomy like, two years ago and they were like, "You can't just get a hysterectomy because you're afraid of ,cancer." And I was like, "But aren't my risks high?" I should have had them note in my chart that they said no but either way, I'm scared, I'm worried that... Hi Gommie, I'm worried that my life has been too good for too long and this is another shoe dropping, although it hasn't been that great, I mean... [sighs] I was hospitalized this summer, it's been a long road back. I had pneumonia, I've been sick a lot, my dad died, things haven't been very, super easy. I have had a rough go of it but I'm always afraid that if things are going too well, that something bad is going to happen.

**Aside:** Oh, hello anxiety, how are you? Unfounded? Amazing! Great to see you again.

So, I've learned recently that thinking that when things are good, they're about to get shitty real soon, is not a law of universal karma, it's an anxiety disorder, maybe PTSD. So, thanks therapy. ["*No problem.*"] Things you can do about this include meditating, deep breathing actually physiologically helps, you can talk to a friend or a counselor, or journal to see patterns of the good and bad in your life.

One thing that I've started doing every day for the last like, six months is to journal in the morning and to write down what I'm looking forward to, and what I'm worried about, or what I'm avoiding, and then I check back at the end of the day to see how it turned out. Over even a week, you'll start to see patterns where things didn't go as badly as you thought. If you keep doing this, maybe journaling for life, you can develop more trust and confidence in your ability to handle some tough situations, and that if you already have anxiety, horrible things tend to occur less often than you anticipate. But this was cause for real concern, for sure. So, I decided to make some audio recordings on my phone as I went. Perhaps it will help someone you love, maybe that person is you. Let's dive back in.

**Alie:** I'm just making this note on the off chance that I decide to document this and just kind of see the arc. Normally, these things are scarier when you first hear them and then you go, "Oh, why did I waste all that energy on freaking out?" Again, they're probably not going to find anything cancerous in my cells and I'll just be glad that I got it over with and that I got it out. It's probably going to hurt, I probably won't be able to bone for a while from what I understand, and yeah, at least I'm documenting this and such. Okay. January 25, 2024.

**Aside:** All right, so about a week later, they said please bring your vagina and your uterus into your doctor's office, so I did, and I brought the rest of my body along... and you!

**Alie:** I'm debating whether or not I should record it. Maybe I shouldn't. Maybe I should. Does that mean that I can write off this whole surgery? Interesting. I'm not nervous. I feel like they're going to tell me that the surgery is going to be like, mid-March and they're not going to know anything until they take it out. Do I get a second opinion like if something were wrong with my car? I have no idea. All right, here we go.

**Aside:** So, I go in and I meet my surgeon, Dr. Kimeshia Thomas at USC Keck. I was nervous but I liked her immediately, so I showed her my crotch. It was like a first date except with insurance it cost less, and it was not romantic. But I recorded notes as I walked back from the car.

**Alie:** All right. So, I just got back and essentially, my doctor is amazing, and I love her, and she told me that they can go two ways. They can take it out of your stomach.

**Aside:** Your abdominal cavity, not your actual stomach so please do not email me. I love you.

**Alie:** Or they can just yank it out or your puss. So, she had me up in those stirrups, felt around, she told me I had a small uterus, I was like, "Thank you." And she said she could get it out that way, which is awesome. So, that means that I'm a great candidate.

**Aside:** So, I learned through going through all this that hysterectomies are one of the most common gyno surgeries after a cesarean section or dilation and curettage, which is a thing that is done to open up your cervix and then clear out tissue after a miscarriage or to do diagnostics. So, when you hear of a D&C in reproductive legislature, just know that some states and some male lawmakers in the US want to tell others that "No, you can't have a vital procedure to deal with uterine tissue." [sighs]

But hysterectomies are common, and my surgeon even does them as gender-affirming care for transmen and nonbinary folks. They can take your uterus and your cervix and your fallopian tubes, they can leave the ovaries for hormones, or they can take them. Now, this operation can happen three different ways. One, they can cut into your abdominal cavity to just remove it or two, they can puncture a few holes through your six-pack to laparoscopically cut some cords and then they remove the organs through your existing vageen. That second option is easier because you might as well use the loading dock that you've got, rather than Kool-Aid Man through your abs. So, those two methods though, they still have long ass recovery time, maybe months.

However, there's a new technique called vNOTES, which is a plucky little acronym for vaginal natural orifice transluminal endoscopic surgery, thanks so much. And this lets you totally avoid the abdominal incisions altogether; nothing goes through your abdomen. You just head up in there, you cut some stuff and you beep-beep-beep that mess out my unused baby chute. So, that is the easiest way to do it.

I made the mistake of googling this new vNOTES surgery, which led me to a YouTube animation with clean CGI graphics, and this patient represented kind of by a translucent apparition. [*"The gel seal cap is to the Alexis retractor by closing the lever and the insufflation tubing is connected to the insufflation port on the gel seal cap."* "Uhhh, I'm sorry what?"] And I learned that the patient, me, would be in the supine lithotomy position, and then I googled that, and it means I'd have my legs in the air in braces and my ass at the end of the table, just as, "Look at my crotch," as you could possibly, possibly be for a few hours, which is fine. And then they shuttle your guts out of that most sacred, sexual area. So, vNOTES, it's all through the chute you got, that's what we're going for.

**Alie:** She said that healing is a lot better that way, it's easier, it's faster, it's less painful, and that stuff, which is cool. She's going to schedule me on a Friday morning so that I have the whole weekend and that day to recover. I asked what kind of possibilities are there for cancer, sitting at like, 10, 15%. I asked will they take anything else while they're in there like lymph nodes or anything. She

said they can do a visual inspection of it and if they see something that looks like it is cancer, they can just grab the lymph nodes right then and there. But typically, they wait for pathology, and they see if it is cancer, they see if it's stage III or beyond then they'll go back in for the lymph nodes.

**Aside:** Okay, we're going to get some basics down. So, a uterus is about a fist-sized hollow place where a baby grows before the stork plucks it out with its beak and then puts it on your doorstep. And lining the uterus is something called an endometrium which is tissue that grows thicker during a person's monthly cycle and if they don't use all that blood to make another person, then it gets sloughed off and gets ejected out the vag as a period.

Now, on the topic of an endometrium. So, when someone has endometriosis, it means that endometrial-like tissue grows in places it is not invited, in places outside the uterus, like on the fallopian tubes that lead to the ovaries, and sometimes in places that are not even your reproductive organs such as one's bladder or large intestines. Your colon is like, "How did I even get involved in this!?" ["No! Get out of here! Leave me alone!"] There's also thoracic endometriosis which is when uterus-like stuff crops up on or around the lungs, or on that wall of muscle in your abdomen, the diaphragm, sending shooting nerve pain that radiates through your shoulder and your back. This can cause excruciating misery and a massive drop in quality of life.

Is there a cure for endometriosis? Some folks opt for a total hysterectomy and/or surgeries to root around like a truffle pig and excise it in other parts of the body if they can even locate it. There's pain management, but no cure, really. So, why not?

Now, in the 2020 textbook, *The Palgrave Handbook of Critical Menstruation Studies* is a chapter titled: "The Womb Wanders Not: Enhancing Endometriosis Education in a Culture of Menstrual Misinformation." Its author, Heather Guidone, is a Program Director for the Center for Endometriosis Care and writes that:

*Embedded in the centuries-old assertion that the womb was a nomadic entity wandering about the body causing hysteria and distress, persistent menstrual misconceptions remain prevalent where pain disorders like endometriosis are concerned... Derived from the misogynist, antediluvian belief that painful menstruation was "ordained by nature as punishment for failing to conceive" pregnancy has long been suggested as a treatment or even cure for endometriosis.*

So, heck! You want to avoid painful periods, just stop having them by growing and then ejecting a baby. It's convenient, it doesn't hurt at all!

Now, I have friends who have endometriosis and one of them frequently has to pull over to the side of the road just to writhe in pain. She's had laparoscopic surgery to find it, and it's still a mystery where it is. 176 million people around the world have endometriosis. No one knows what causes it! But that was a whole sidetrack because I don't even have endometriosis. So, what's going on then?

Here's what's going on with me. I happen to be in the elite, elite 1% of folks whose ovaries just dip out early, they Irish goodbye. So, you're born with all the eggs you'll ever have in your life which means that the egg that turned into you grew inside of your mom, in your grandma. I don't know about you, but my grandma was a bitch so that's weird that we were such juicy turducken roommates, the three of us, for a bit. But again, that's not the point. Also, once I had a dream that my grandma came to me and said, "Sorry I was kind of evil and abusive. It's just that I didn't even want kids, I wanted to be an artist, but it was the 1940s and I'm Catholic, so I had six kids and hated everyone." And when I say this conversation came to me in a dream, I mean during a pharmaceutical-grade mushroom trip that I took at the suggestion of my very buttoned-up

Western medicine psychiatrist and I tell ya, an experience I'll never forget. What a party it was in my brain.

Anyway, because my particular ovaries retired early and put up a "Gone Fishin'" sign before I turned 35, and this was medically not according to plan, it took three years of going to doctors to figure out what was up. I had three male doctors tell me maybe it was just stress, and two, two looked me in the face and asked me if I could just quit my job and find someone to marry, which stressed me out even more. But essentially, I went through menopause like 15 years too early and I had to figure out how to navigate relationships and how to process that kids weren't really in the cards for me personally – even though someone with primary ovarian failure can foster, or adopt, or even have a kid with a donor egg, or sometimes your ovary might just groan one to life or pop out an egg unannounced, which is rude. But for myself, I just kind of knew it wasn't my destiny, which is a little bit of a part of why I am your internet father or your Dad Ward. I just didn't identify with motherhood.

But like endometriosis, primary ovarian insufficiency, or premature ovarian failure (what I've got) is what's called idiopathic, which comes from the Greek, I love this, for *idios* just meaning "an ignorant person." And idiopathic medically just means no one knows why it happens, which means no one's studied it enough, I guess.

Now, if you have nards and you're still listening, you're one of the good ones or you might be saying, "What does this even have to do with me?" Okay. So, if your hormone makers, them nuts, suddenly and just without warning shut down the factory, imagine not having that cocktail of chemical messengers that you so rely on. [*"That would suck, wouldn't it?" "That would suck."*] Without enough estrogen, you may have hot flashes and feel, like, random, searingly-hot fevers, your brain can't always remember things, because estrogen is helpful in making dopamine (as discussed in the two-part ADHD episode) so you may start having massive executive functioning issues, as many people going through natural menopause experience. And progesterone, which you also don't make if your ovaries peace out, can have a really calming effect. So, if your ovaries tank, you may find that irritability is just causing you to do things like research huts on remote islands, far away from anyone who chews too loud.

I should also say that I'm fortunate that there is a company called Rosebud Woman and they make OB/GYN-approved plant-based vulvar and vaginal moisturizers, for people going through perimenopause, menopause, and pre- and postnatal business, and really anyone in need of skin care for down there. The founder of this company was going through menopause and found that a lot of stuff made for discomfort was really lube geared just for sex, or it was really medicalized. So, she made this company, which has gone on to do gangbusters and has been written up by Oprah and *Wired* and *Allure* and *Vogue* and *Vanity Fair* and I use it all the time, I have some. Another fun fact about Rosebud Woman is that the founder is my husband's mom, Christine Mason, and it's a family-run business. So, I definitely had an inside track and am so glad Rosebud invented this stuff for people like us. So, just a genuine plug for them. You can use it on all kinds of vulvas, even if you're not a woman.

Anyway, if you have ovarian failure early, and your doctor cares, they will put you on estrogen replacement therapy, which is great. They might even check your testosterone and give you a supplement for that which is awesome. So, stick with me here because here's where all my problems started. So, if you're on estrogen, you'll need to take progesterone at the same time to prevent the endometrial lining from building up, since you're not perioding. Here's the hitch: they'll usually give you a synthetic progesterone called Progestin. For some folks, no problem, two thumbs up. For others, this makes things worse, and it really fucks with your head like,

hormonally. Think like crying jags, irritability, like terrible PMS all the time. I was one of those people, so I was just trying to go about my life while also feeling like absolute hot trash constantly.

So, if your doctor is good, they will care, and they might try you on progesterone, not Progestin and some people tolerate it better, it'll make you feel right again. But if you're in a pandemic and can't get to see your doctor because there are morgues on wheels in our major cities, you might stop taking your synthetic progesterone before learning of other options. If you do this for a few years, you won't feel great, and that unopposed estrogen can lead to cancer. How can you tell?

Well, you suddenly start bleeding and you think, "Hm! Boy howdy, maybe my ovaries work again." But also, you google to learn that this is a symptom in 90% of uterine cancer patients. And then when you tell doctors what is happening and that you stopped taking your progesterone a year or so ago, they might stifle a horrified gasp, and then without any anesthesia, shove a tool into your uterus and try to scrape out flesh with some sort of hospital melon baller to look at it under a microscope. So, this endometrial biopsy, it hurts a lot, most pain you have ever felt. Maybe you've been hit by a car before and got your hand chewed up by an escalator like me. This hurts more, just on a random Tuesday afternoon, and it's not something you can tell people back at the office, like if you had been hit by a car. Nobody buys you a beer.

Now, if their tests are inconclusive because the pumpkin scooper didn't go deep enough, they've got to figure something else out. They might do a pelvic ultrasound. In my case they did, and they found it all normal. I was like, "Okay!" But I was still feeling awful and was having fevers a lot and losing blood, so I found a new doctor. And it turns out that my ultrasound was not at all normal. If I had been in my teens, it would have been normal. But no, for someone with my history, it was abnormal and worrisome. So, good thing I asked a new doc because it may be saving my life. Now, in this case, my new doctor, Dr. Thomas, was proactive, and I love her for that. Now, if they find a cancer goblin in there, how big is that?

**Alie:** Stage I is it's only in the first 50%, the inner 50% of the uterine lining. Over 50% is stage II and then outside the uterus is stage III. But she said they can do a visual inspection and sometimes cancer looks like, she described it as like algae on your organs. I think the pathology report comes in a few days later. I did discuss why if I had a thick endometrium as someone who is postmenopausal, how did no one flag that? [*grunt/sigh*] And she was like, "They should have!"

**Aside:** Again, very glad I switched doctors and found someone who actually looked into this.

**Alie:** So, that's kind of the scoop. [*"Look, you got a scoop. I get it."*] I asked how many people are on the surgical team, just curious. I wanted to get kind of like a *Grey's Anatomy* visual of it and it's her, another surgeon, an anesthesiologist, a nurse, there might be a physician assistant in there. She said during the surgery if they see anything that looks suspicious, they can in the middle of the operation talk to Jarrett and say, "Hey, we're going to take more out of her." And I'm sure he'll say, "Go for it, man." And got a little speculum up my hoo-ha, she was very gentle and kind, and yeah, she seems proactive and that's exciting. She said when she walked in that she recognized me from somewhere and I was like, "Do you ever maybe watch kids' shows, kids' science shows on Netflix?" I was like, maybe I'm just in the hospital too often? Who knows.

But anyway, this is how it's going to go. March 1<sup>st</sup>. I just want to get it yanked out, I'm really eager to see what the pathology report says, and I wish I'd known so much of this before. Not all progesterones make you feel terrible, you can't just wait it out, and if you're bleeding or have something abnormal, get a second opinion if you don't feel like you're being listened to. So frustrating but yeah, you've really got to advocate for yourself. All right, keep you posted.

**Aside:** All right, so all of this has been going on in the background for me for months, and I spent a lot of February just wringing my hands, waiting for this big surgery to happen on March 1<sup>st</sup>. I mentioned it to y'all but didn't tell you what it was and told a few friends, but I didn't even want to tell my mom in those weeks because I just didn't want her to worry. I had also learned from when I had pneumonia that instead of suffering and hoping that people offer you the comfort and the soup that you'd like, just tell them straightforwardly what you need. Tell people you could use some support, or some pho, and ask them ahead of time if you need to, to check in on you. And don't just expect people you love to read your mind, especially if you're usually the kind of person who tries to be independent and not burden anyone.

So, I had already processed a lot of the fertility stuff, and the womanhood complexities and relationship insecurities caused by ovarian failure, you know, eight or so years ago. And trust me, if you're going through something like this, you're going to need some extra TLC, maybe a counselor or therapist that can talk you through it, or a support group. But for this potential cancer news I'd been going through and the surgery, I decided to just man up and invited a little group of girlfriends over two days before the operation to say goodbye to my reproductive system and to eat a cake. My pre-op appointment was the same day, bright and early, and also, I was giving a keynote speech to 4,000 people for NASA an hour after this appointment. Exciting! So, it was a busy day. So, let's head in, let's learn what to expect during this pre-op appointment.

**Alie:** Dr. Thomas.

**Spk 1:** Is this for a pre-op?

**Alie:** Yeah.

**Spk 1:** Take the elevator behind you and then make a right.

**Alie:** Oh! Look at this. Solo aging, makes me sad.

**Aside:** I was nervous, I was feeling optimistic. And then I glanced at the back wall of the elevator, and I skimmed a bulletin board of informational flyers.

**Alie:** Look at this! Look at this! Elder abuse. Active shooter response: Run, Hide, Fight. Solo aging. What the fuck, dude? [*Alie and Jarrett laugh*] This is the saddest bulletin board I've ever seen in my life. [*laughs*]

**Jarrett:** It kind of like... It all kind of works together.

**Aside:** Onward Ward.

**Alie:** I'm here for a pre-op.

**Spk 2:** Sure, what's your first and last name?

**Alie:** Allison Ward.

**Aside:** They gave me my hospital ID bracelet to hang onto.

**Spk 3:** Put this on, can you please verify the spelling of your name and date of birth?

**Alie:** Oh wait, this is Raymond's.

**Spk 3:** Whoops!

**Alie:** [*giggles*] That's okay. I don't know what he's getting but if it's better then I'll take it. [*laughs*]

**Spk 3:** Take care. No wild parties 'til the weekend.

**Alie:** No wild parties until after the surgery, I'm on it.

**Aside:** I filled out some forms about my health history and one asked if I had any religious affiliations.

**Alie:** Yikes. It always is a little scary... In case we have to have someone pray over your dying body.  
[chuckles]

**Nurse:** Allison?

**Alie:** Yep! Hi!

**Aside:** Before any surgery, they'll usually have you come in and confirm some stuff.

**Nurse:** When you've had anesthesia previously, any trouble with nausea or stomach upset afterward?

**Alie:** No, not that I can remember.

**Nurse:** Excellent. Take a look at these two columns. See if you've had any of those either now or in the past.

**Alie:** What constitutes mental disease?

**Nurse:** It could be depression, anxiety, anything like that. [*Who doesn't?*]

**Alie:** Do I need to let the anesthesiologist know I'm not a real redhead?

**Nurse:** Oh. [laughs] Actually, yeah, it's good to know. So yeah, let them know.

**Alie:** Good to know.

**Nurse:** [laughs] Very good. Even if you didn't it would be okay. It's actually the other way around, it's better for them to know when you *are* a real redhead. [laughs]

**Alie:** Oh, so they can give you a little more.

**Nurse:** Yes. [laughs]

**Alie:** If we check in at 5:30 and surgery is 7:30, what time do they start doing anesthesia?

**Nurse:** So, what they do is they bring you into the operating room and they actually don't give you the anesthesia until you get into the operating room.

**Alie:** Oh wow.

**Aside:** So yeah, they say that they want you to have, in this nurse's words, "A nice clear head," because you will be asked many times if you know you're getting an operation and what it's for. When Jarrett had ACL knee surgery a few years back – you can see the Genicular Traumatology episode if you have bad knees, we'll link it in the show notes – but they have you write "YES" on the body part they're operating on to make sure they have written bodily consent. I wondered, I'm like, "Do I need to take a Sharpie and write on my inner thigh "This hole. Not this one" with arrows? That would be fun.

Also, if you're wondering how many holes are down there, where people pee out of, you can enjoy the Urology episode about crotch parts with a truly amazing surgeon, Dr. Fenwa Milhouse. But also, we have a Phallology episode about dicks with Dr. Emily Willingham, and Gynecology one with Dr. Philippa Ribbink, and linking it all together perhaps, a Dolorology episode with Dr. Rachel Zoffness, which is about pain.

**Jarrett:** It's going to be good, it's going to be fine.

**Alie:** For you it will.

**Jarrett:** No, it's going to be fine for you.



**Alie:** I've got to bring my little yellow sweater. Some people bring their favorite little blankie.

**Jarrett:** Yeah, makes sense... You okay?

**Alie:** Yeah.

**Jarrett:** Feeling more nervous?

**Alie:** Really just about the NASA talk.

**Aside:** I mean, it truly was thrilling to give a keynote talk for NASA, and it went great. But yeah, it was just a little bit of an intense day.

But that night I had invited those few close lady friends I've known for decades over, and they made me feel so loved and so cared for. Earnestly, I want to cry just thinking about it. My friend Kathryn brought a cake with the words "I'M OVA IT," and my friend Dr. Cara Santa Maria – who has been through this surgery but laparoscopic – brought me special pillows that helped her, and friend and scheduling producer Noel Dilworth gave me a whole basket of tea and treats and a cozy mug and a fleece hoodie. And Lisette brought slippers and a blankie even though I told everyone no gifts, just hugs. All in all, I am just very lucky and glad that on the eve of something scary, I asked these pals to be there for me and they showed up and we also got to eat pizza. So, if you or someone you know is going to go through something scary, see if a little gathering just might make them know they are cared for. It really helped me a lot.

But the night before surgery, things got real for me.

**Alie:** *[through tears]* I guess now would be the time when I should be recording this. It's the night before, it's 8:00, I've got to be up at 5:00 AM to be at the hospital at 5:30 and I'm just crying a lot. This is the first time I've been really, really scared about it and Jarrett is working late so that he can take a couple of days off and I'm just... I'm scared of it hurting, I'm scared of waking up in the middle of it. But I'm scared that tomorrow is going to be some line where it's like, before you had something really wrong with you and after and I'm just afraid of crossing that boundary, I guess, and feeling *[sighs]* relieved that I'll know but also just really scared that this is like, another big show that's going to drop. I keep thinking I'm so lucky in my life and I am but it's also like, it seems like everything is really great and terrible all at once, all the time... *[sighs]* At least there's anesthesia.

**Aside:** So, when Jarrett got home, he was such a comfort and before we went to sleep, he opened his notes app on his phone to take down any questions that we might want to ask the doctor right before surgery. So, I asked him to write down things like: Is anyone going to see my butt? How many people will see it? Can you make sure nobody looks at my butt too much? Also, once you remove my organs, are you going to take a picture of them so that I can use them for my LinkedIn profile? Can you please do any catheter business when I am completely unconscious?

So, in a minute, I'll tell you which of those questions we actually asked but first, we're going to take a break for some sponsors of the show but before we do, we're going to donate to a cause. This week I'd like it to go to the Monte Vista Cancer Awareness Club, which is a group of high school students in Northern California who create posters spreading awareness on various cancers, they write letters to cancer patients, they collab with San Francisco's Cancer Support Community, they host bake sales to donate to cancer research, they make care packages for patients and they share survivor stories and support anyone affected by cancer. This club was actually started by my niece in memory of my dad, your Grandpod, who passed away from cancer in 2022. So Sofia, you're a gem, my dear. I'm sorry this episode is pretty gross. I don't love that my family might listen, but hey, it's my truth and my crotch, maybe it'll help someone.

All right, thanks to sponsors of the show for making that donation to the Monte Vista Cancer Awareness Club possible.

[Ad Break]

Okay, let's figure out what is up and what the prognosis is. Come along.

**Alie:** Okay, pre-op room. I brought a blankie, I have an IV line in and it kind of hurts. I'm scared but it's going to go okay.

**Aside:** So yes, I brought a blanket that my mom knitted for me years ago. 10/10 bring a blanket to the hospital if they'll let you. I stole this hot tip from Dr. Santa Maria, and it is great because not only is it cozy and warm and a comfort but also, hospital blankets suck shit and they are thinner than a tortilla and are only warm for like two minutes if they're fresh out of their blanket ovens, and then you feel like a dick asking for more layers of them. So yeah, I was very happy that I brought that along, definitely recommend. I was ready to go.

Dr. Thomas came in and asked if we had questions, and we asked a few of them about the catheter and the anesthesia and then Jarrett pulled up the notes app and told Dr. Thomas that I wanted to ask if anyone would see my buttock. *[laughs]* And I don't know if she knew we were kidding because of course, your whole junk is in the limelight; you are ass in the air, spread eagle with a volleyball team's worth of people fixated on the star of the show which is your crotch. But the doctor at least humored us and said that "Don't worry, that won't be the focus of the operation." She also said that yes, once they take out my organs, she's going to take a picture for me.

Now, while we were waiting to go in, the hospital PA system went off and it was an announcement that the staff should report to the ICU for a code blue. Now, if I hadn't been doing this podcast for many years, I would have completely not even registered, I would have thought that it was a secret code for bagels in the breakroom. But no. *[deep breath]* So, code blue means a cardiac arrest, or someone is flatlining. So, me and Jarrett and the nurse kind of went silent, I was sending the person good vibes, and then maybe a minute later, as this nurse was adjusting my IV, the speakers kind of crackled again announcing the cancellation of the blue code. I asked the nurse if that was a good sign, like if the person is okay? And she just stopped, and she looked at Jarrett like "Should we tell her?" I am still hoping that it was a cancellation and that the person was okay. So, I made a wish that that person just pulled through suddenly and then I asked for drugs.

So, the anesthesiologist gave me something to calm the jitters, and the nurses agreed it would kind of feel like a margarita and within milliseconds I could have committed karaoke with no remorse. And then I remember being wheeled into the OR and feeling like, you know when you're in a restaurant looking for the restroom, but you accidentally barge into the kitchen and you're like "Woah! I do not belong backstage like this, I shouldn't be seeing all this equipment and people." But in the OR, in that fog, I realized, "Hey, I'm the main course, surrounded by trays and napkins and little knives. These folks are about to cook."

So, I remember getting on a table but then the next thing I know, I'm coming to hours later in a recovery bed and it feels like there is a tiny man trapped in the void of my babymaker area and he is trying to get out with a pickaxe or some sort of beaked animal is trying to hatch out of my abdomen. I remember having no control of my face and frowning the hardest I've ever frowned, just wincing in pain, and I asked Jarrett to take a picture of my face for posterity and friends, I just saw it again, looking through my pictures. I look like a sculpture of myself made of white cheddar cheese that someone tried to microwave; a little greasy, every feature has succumbed to the gravity of my pain. So, they gave me a little more painkiller which took it from an 8 on the pain scale to a reasonable 3. So, the drugs worked again, but parts of my body did not work.

**Alie:** [*sleepy, groggy voice*] March 1st, 4:10 PM. Still in recovery. I don't want to be recording this, but I'll be glad that I did that. Still in the recovery room, been here for like four hours. My bladder refuses to cooperate, it will not pee, it's not going to pee. I'm like, what's your problem? They say it's asleep. Anyway, so I'm still here. I'm groggy but... hanging in there. Okay. Bye.

**Aside:** So, the nurses literally sent Jarrett to the café to get me two coffees and a big water. I drank it all, finally happened; at 5 PM we went home, five hours later than we were supposed to. But I posted up on the couch eating a frozen Otter Pop thing and I was really lucky to have Jarrett to fetch things at my whim and get me soup and stuff. With the type of laparoscopy through the abdomen, which I didn't have, your muscles need *weeks* to repair themselves, and sitting up, standing, walking is all, from what I understand, somewhere between "Ooo! Ouch!" and "WHYYYY? Why was I born?" Hurts so bad. I was lucky that I had that, I had this newer vNOTES method. Dr. Thomas later told me it was a good surgery and fun vibes in the OR, which I like to hear. I feel like I threw a good little party, even though I was in hardcore stirrups and not much of a conversationalist. But I'm glad I have pictures of it, like a very goopy photobooth.

**Alie:** All right, 24 hours out, March 2<sup>nd</sup>, 10:00 AM. Yesterday was a bit painful at the end but I'm home, only on ibuprofen and the surgeon was great and so far, they didn't see any tumors or anything, but they've got to send it off to pathology. They let me look at a picture of what my disemboweled reproductive organs looked like, and it was *horrifying*. It looked like a turnip made out of meat, it was disgusting. But it's not mine anymore. It's funny to think that it's in a freezer somewhere. I don't know if they incinerate it, but someone is slicing it up like a deli ham and they're going to take a peek at it. So anyway, I'm doing 1,000% better than I thought I was going to be doing, and I'm eating a Pedialyte Otter Pop on the couch. Woo-hoo!

**Aside:** So yeah, a good several days on the couch, napping. I took the opiates for just a day, but they made me feel a bit loopy and it was harder to cross stitch, and Tylenol was working fine. Pain was honestly about a 2 or 3 out of 10 once I got home from the hospital which was amazing. But the hardest part was knowing I had to wait a whole week for the pathology report, just not sure what they found. At this point, a few days on the couch went by, and then, I got a surprise. I pressed record on the voice notes app.

**Alie:** All right, it's 7:37 on March 4<sup>th</sup>, it's a Monday. I'm three days out from the surgery and I thought I'd be in way more pain but I'm doing pretty well. I'm on ibuprofen, Tylenol, I went to the movies, I did some walking around, and didn't expect to get pathology reports for another week, they told me. And then on the way home from seeing *Dune II* I opened up my email and saw that the pathology reports were in, and they are clear, and I do not have cancer. [*GPS voice speaks*] The car has something to say about that. Very excited. [*DJ airhorn*]

I don't have cancer, it's really good news and I feel elated and also like I'm still holding my breath like, is there something else bad I should know about? But that's just anxiety talking and I'm really glad that I got it taken out so that I don't have to worry about it being a ticking time bomb in my crotch as it has been. It's bonkers and we're going to go get some pasta. And now I've got to figure out what to do with the rest of my life since it's not going to be as short as I thought it might be. I mean, I could get killed tomorrow but you know what I mean.

**Aside:** Anything can happen to anyone at any time so very earnestly, let's try our best to be grateful for what we're working with and so grateful for health insurance. I'm lucky I have it because this whole shebang would have easily cost me \$20,000 out of pocket, absolutely inaccessible without health insurance, which is horrifying.

But yeah, I got the email, I screamed a little, I cried, I let my friends and family know. My mom sent me a picture of her and my sister Janelle and brother-in-law Steve eating a tiny ice cream cone to celebrate and if you've listened to the episodes of taking care of my late father, you know that it's our family's toast to him as well. So, they ate those for me that night and I cried looking at the pictures.

So yeah, life is not perfect, it never will be, sometimes things hurt a lot. Sometimes you don't see things coming, sometimes you do. And then they veer and spare you at the last second. And this time, I feel really lucky. [voice breaks] I'm getting a little more time than I thought.

**Alie:** It's time to live life a little bit.

**Jarrett:** I mean, we're living it and it's the best. It's the best.

**Alie:** This is exciting.

**Jarrett:** Very exciting.

**Alie:** I love you!

**Jarrett:** I love you so fucking much. I'm just delighted.

**Alie:** [giggles] It's weird. This is good.

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So, thanks for listening this far. Thank you to everyone who thought of me on the 1<sup>st</sup>, it meant a lot to me. This is the scariest thing I think I've ever been through. I feel very lucky that we caught anything before it turned into something worse. So, ask smart doctors not-smart questions and if you need a second opinion, get it, it might save your life. On a follow-up call with Dr. Thomas, she let me know that with the condition I had and some cell abnormalities, it could have later developed into something cancerous so here's to what I am very lucky to consider a success.

So, I hope this ride along – I know it was a lot of info, too much info – but I hope it was informative enough so that if you know someone going through a health issue (any health issue, or one like this) and I hope this gives you some ideas on how to support them, or maybe for you, how to ask for support or how to take care of yourself or how to try to stay calm and optimistic until you get all the facts. Or maybe you or someone you know is getting this actual procedure for gender-affirming care or endometriosis or another reason and now you know more about it. And if you don't have this anatomy, but if you vote in any country, others' reproductive health is on the line. So y'all better educate yourselves in those matters, how things work so you know how much it matters.

A new study came out recently that cancer is on the rise in young adults, so monitor your health, don't ignore funky stuff, and just know that the sooner you get it checked out the easier and potentially cheaper it's going to be. The fact that I live in a country where so many people don't have access to health care is just gutting to me – no pun intended since they did take my guts out – but again, vote like someone else's life depended on it.

Special thanks as always to Erin Talbert who admin's the *Ologies* Podcast Facebook group with assists from Boni Dutch and Shannon Feltus, thank you for their support too. Our scheduling producer and care package angel is Noel Dilworth, Susan Hale is so supportive and is also our managing director, Kelly Dr. Dwyer makes the website, Aveline Malek makes the transcripts. And of course, our lead editor and empath is the lovely Mercedes Maitland of Maitland Audio. Thank you to the whole team for busting out some Encores as I recovered and thank you Dr. Cara Santa Maria for all the advice. Lisette, Sara, Crystal, Kathryn, and Dailyn, Noel, Susan for having cake and farewells to my gonads, my mom, my sisters, and of course your Podmother Jarrett Sleeper, for taking such

good care of me during this and always. Again, his mom's company, Rosebud Woman, my hoo-ha loves their stuff, honestly.

And if you stick around to hear a secret, first off, this whole episode is just a sloshing bucket of TMI, so how are you still thirsty still? But I will tell you that as I was in recovery drinking cafeteria coffee and water and just begging myself to pee so that I could go home, one nurse and Jarret got on either side of me and walked me to the bathroom, I'm like doubled over. On our way there we passed the nurses' station where their tones seemed to suggest gossiping about probably another nurse and one of them with her back to me said, "Urgh, what is wrong with her?" And I had the rare opportunity to say [*weak, shaky voice*] "I just had a hysterectomy." And they all fell silent for one very tense moment and then I got to go "Haaaaa!" and it was a good time. I scared 'em, but we all had a happy little chuckle about it.

Also, if you think of it, it's nice to bring a treat like some cookies or a fruit basket or something for the staff taking care of you. Little heads up, Jarrett brought them cookies which was good since we were there five hours later than we were supposed to be. Anyway, thank you for listening this far, it means a lot to me. I'm glad we all know what happened during my planned abdominal surgery and I'm back, doing my best. Take care of yourself. Okay, berbye.

*Transcribed by Aveline Malek at TheWordary.com*

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[Cesarean Section | Johns Hopkins Medicine](#)

[Dilation and Curettage \(D&C\)](#)

[Hysterectomy Techniques](#)

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[vNOTES \(vaginal natural orifice transluminal endoscopic surgery\)](#)

[Rosebud Woman, Radiant Intimate Wellness](#)

[The Womb Wanders Not: Enhancing Endometriosis Education in a Culture of Menstrual Misinformation](#)

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