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Photos by Seema Marwaha



I am 20 years old, born and raised in Kitchener, Ontario. I am a university student, studying multimedia and communications. I live with my mom, dad, sister and grandma.

I have had health issues since I was 16. I had cysts on my ovaries that turned out to be dermoid cysts that needed to be removed surgically.

At the start of the COVID-19 pandemic, I started having severe abdominal pain and bloating. It got so bad that I couldn't do regular activities, like bend down or exercise. Because of COVID-19, I stopped going for in-person checkups and have been speaking with my doctor over the phone instead. I think that, because she wasn't seeing me, she didn't appreciate how bad things were getting. It took almost 9 months to finally see her in person. She took one look at me and realized this was serious. I was in a lot of pain and my stomach had substantially increased in size. She booked me in for her next available surgery date.

My doctor was not sure exactly what was causing my issues. It was only after my second surgery this year that I was diagnosed with a recurrent, rapidly growing cyst. I was initially discouraged to go for a second surgery but, as we watched and waited, I kept getting worse.

I did experience stigma in the doctor's office because I'm young and I look young. People assume I'm healthy with no medical problems and can just "walk it off." But my condition was really debilitating. I appreciated when physicians understood that I was nervous and needed parental support, and acknowledged that my symptoms were real.

I healed with keloid scarring — which I now understand is something more common in racialized people like me. My parents are from Guyana. Although I'm technically of Indo-Caribbean ethnicity, I identify mostly with being Canadian. I was not expecting to have such a visible scar after my first surgery, in part because my doctor didn't warn me that this could happen. Although she did not have a lot of experience with keloids, I was lucky that she reached out to other specialists for advice.

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Complications specific to racialized groups are sometimes labelled "atypical" or dismissed. But our bodies just react differently. It would be great if health care teams considered this in their language and treatment approach.

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