



Genesis
HEALTHCARE

Kearny Mesa Urology

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ROGELIO ANGELES

Patient #: 1759280

DOB: 08/09/1957 (63 years)

History and Physical Report

Encounter Date: 02/16/2021

History of Present Illness

The patient is a 63 year old male who presents with an elevated PSA. Patient's currently has a PSA level of 12 ng/ml. Patient's most recent past PSA is a level of 3.6 ng/ml. Pertinent medical history does not include prostate cancer, UTI, family history of prostate cancer, prostate surgery, prostatic thermotherapy or radiation therapy. This problem has not been previously evaluated. This problem has not been previously treated. Note for "Elevated PSA": . 2.16.21 annual follow up, PSA now 3.6, was 1.8 last year, negative prostate biopsy in 2019. no complaints, nocturia 2x, good stream, no hematuria. almost 2 years post renal transplant with good graft function. does report ED, unable to initiate or maintain adequate erection for intercourse.

History

Allergy

No Known Drug Allergies (08/01/2019)
Allergies Reconciled (02/03/2020)

Past Medical

URINARY RETENTION
ELEVATED PSA

Other Medical History

Acid Reflux / Heartburn Phreesia 02/01/2019
Kidney Failure Phreesia 02/01/2019
Blood Transfusion Phreesia 02/01/2019
Diabetes Mellitus Phreesia 02/01/2019
Gallbladder Disease Phreesia 02/01/2019
Unspecified Diagnosis

Past Surgical

Bypass Phreesia 02/01/2019

Medications

Carvedilol (6.25MG Tablet, Oral) Active.
clobutolol HCl (0.2MG Tablet, Oral) Active.
Tacrolimus (1MG Capsule, Oral) Active.
prednisONE (5MG/5ML Solution, Oral) Active.
Septra (200-40MG/5ML Suspension, Oral) Active.
amlodipine Besylate (10MG Tablet, Oral) Active.
Levothyroxine Sodium (75MCG Tablet, Oral) Active.
Tamsulosin HCl (0.4MG Capsule, Oral) Active.
Allopurinol (100MG Tablet, Oral) Active.
Folic Acid (1MG Tablet, Oral) Active.
Aspirin (81MG Tablet DR, Oral) Active.
Pantoprazole Sodium (40MG Tablet DR, Oral) Active.
Isosorbide Mononitrate ER (60MG Tablet ER 24HR, Oral) Active.
Carvedilol (25MG Tablet, Oral) Active.
Atorvastatin Calcium (10MG Tablet, Oral) Active.
Medications Reconciled.

Social

Exercise: daily Phreesia 02/03/2020
Tobacco Use: Never smoker Phreesia 02/01/2019
No alcohol use Phreesia 02/01/2019
No drug use Phreesia 02/01/2019
Married: Married Phreesia 02/01/2019

Family

High Blood Pressure: Mother Phreesia 02/01/2019
Diabetes Mellitus: Mother Phreesia 02/01/2019
Kidney Disease: Mother Phreesia 02/01/2019

Vitals

02/16/2021 08:40 AM

Weight: 155 lb **Height:** 62 in

Body Surface Area: 1.72 m² **Body Mass Index:** 28.35 kg/m²

Pain level: 0/10

Physical Exam

The physical exam findings are as follows:

General

Build & Nutrition - Well nourished and Well developed.

Mental Status - Alert.

Abdomen**Inspection**

Inspection of the abdomen reveals - No Hernias.

Palpation/Percussion

CVA Tenderness - Left CVA Tenderness - None and Right CVA Tenderness - None.

Male Genitourinary**Penis**

Normal - normal, circumcised, no lesions.

Urethral Meatus - Normal, No Discharge.

Scrotum - Bilateral

Normal. **Scrotal Skin - Bilateral** - normal. **Testes - Bilateral** - Normal (no masses, non-tender). **Testes - Bilateral** - Vas deferens bilateral are normal to palpation..

Epididymis - Bilateral - Normal.

Anus and Perineum - No skin lesions.

Sphincter - Normal-No Hemorrhoids.

Prostate

Size - Normal. **Symmetry** - Symmetric. **Consistency** - Benign - Smooth. **Tenderness** - Non Tender.

Seminal Vesicles - Bilateral - Normal.

Assessment & Plan**ELEVATED PSA (790.93 | R97.20)**

Today's Impression: slight bump in PSA but still within normal range, previous negative biopsy, low risk for clinically significant prostate cancer, repeat PSA in 1 year.

Current Plans:

- UA AUTOMATED W/O MICRO; Routine ()
- POST VOID RESIDUAL - ULTRASOUND (51798) ; Routine ()
- How to access health information online

Future Labs:

- 02/16/2022: PSA, TOTAL IN 1 YEAR (84153) (LC) (QD); Routine one time ()

ERECTILE DYSFUNCTION DUE TO DISEASES CLASSIFIED ELSEWHERE (607.84 | N52.1)

Today's Impression: ED due to other medical problems, Pd5i contra indicated due to taking nitrates, discussed options; VED or injection therapy. He would like to try VED, will have him meet with rep.

Current Plans:

- **Erectile Dysfunction-Vacuum Device:**

The patient and I talked at length about erectile dysfunction including hormonal, vascular, neurologic, psychological, aging and other organic etiologies. A wide range of treatment options were discussed with the patient including conservative or no treatment, testosterone supplementation, medical therapy, injection erection therapy, vacuum erection device usage, MUSE, and implantation of a penile prosthesis. Alternative treatment options were discussed with the patient in detail. All questions were answered.

The patient gave fully informed consent to proceed use of a vacuum erection device for his erectile dysfunction. He understands that with a vacuum erection device, the goal is to achieve and maintain a usable erection.

We talked about the mechanism of action and how to use the device, and the risks, benefits and some of the possible side effects of a vacuum erection device. We discussed specific side effects such as skin bruising, penile discomfort, penile scarring, penile curvature, and mechanical failure of the device. He understands that it is important to use the vacuum correction device exactly the way it is prescribed without deviation. He understands that he is not to leave a rubber penile constriction ring on the base of the penis for more than 30 minutes at a time.

We will begin vacuum erection device therapy for his erectile dysfunction.

The patient was given instructions to call for any of the side effects listed above, abdominal pain, pelvic pain, perirectal pain, nausea, vomiting, diarrhea, fever over 100 degrees F, chills, hematuria, dysuria, frequency, urgency, or urge incontinence.



Signed electronically by Evan M. Vapnek MD 02/16/2021