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FAX TRANSMISSION
TO: Prior Authorization Dept | FROM: Asheville Gastroenterology & Colorectal Surgery
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ASHEVILLE GASTROENTEROLOGY & COLORECTAL SURGERY

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PATIENT INFORMATION

Name: Brown, Jennifer Lynn
Date of Birth: 04/22/1966 (Age: 59 years)
MRN: AGCS-395872
Insurance: Medicare Part B | ID: 6TM9XR5LP44
Date of Visit: 10/05/2025

CHIEF COMPLAINT

Chronic fecal incontinence, refractory to treatment

HISTORY OF PRESENT ILLNESS

59-year-old female with 14-month history of fecal incontinence. Patient reports 4-6 episodes of involuntary stool leakage per week with frequent soiling. Significant impact on quality of life with social isolation and depression. Patient attributes onset to difficult vaginal delivery in 1998 with documented 4th degree perineal laceration repaired at that time.

Previous Treatments Attempted:

Dietary Modifications (initiated 2024, approximately 6 months):
- Fiber supplementation with psyllium
- Avoidance of trigger foods (dairy, caffeine, spicy foods)
- Increased water intake
- Patient reports some improvement in stool consistency but minimal impact on incontinence

Pharmacologic Trial:
- Loperamide 2mg BID as needed (current, 4 months)
- Patient reports modest benefit, approximately 20-25% reduction in episodes
- Still experiencing 3-4 episodes per week

Pelvic Floor Therapy:
- Patient states she "did some exercises at home" but unclear if formal supervised therapy was completed
- Duration and compliance uncertain

PAST MEDICAL HISTORY

- Depression - on treatment
- Chronic low back pain
- Gastroesophageal reflux disease
- No diabetes, no IBD, no neurologic disease

SURGICAL HISTORY

- Primary repair of 4th degree perineal laceration (1998)
- Laparoscopic cholecystectomy (2016)

MEDICATIONS

1. Sertraline 100mg daily
2. Omeprazole 40mg daily
3. Loperamide 2mg BID PRN
4. Ibuprofen 600mg PRN back pain

ALLERGIES

Codeine (nausea)

PHYSICAL EXAMINATION (10/05/2025)

Vitals: BP 126/78, HR 74, Temp 98.2°F, Weight 158 lbs

General: Appears depressed, tearful during interview

Abdomen: Soft, non-tender, normal bowel sounds

Rectal: Old perineal scar visible, markedly diminished anal sphincter tone on digital exam, weak squeeze pressure, no active inflammation or masses

Neuro: Normal gait, intact sensation

DIAGNOSTIC STUDIES

Bowel Diary (Baseline 09/25-09/27/2025):

Day	FI Episodes	Soiling Events	Urgency Events
Day 1	4	3	6
Day 2	3	4	5
Day 3	4	2	7
Weekly Avg	**25.7**	**21.0**	**42.0**

Anorectal Manometry (09/28/2025):
- Resting anal pressure: 32 mmHg (low, normal >50)
- Squeeze pressure: 68 mmHg (low)
- Rectal sensation: Normal
- Rectoanal inhibitory reflex: Present
- Findings consistent with internal and external sphincter dysfunction

Endoanal Ultrasound (09/28/2025):
- External anal sphincter: Extensive anterior defect 110 degrees
- Internal anal sphincter: Thinned and defect anteriorly
- Findings consistent with obstetric injury
- No abscess or fistula

Colonoscopy (08/15/2025):
- Normal colonic mucosa
- No evidence of inflammatory bowel disease
- No masses

> *Pt very motivated for treatment. States symptoms ruining her life. Anxious to explore all options including device therapy.*

TEST STIMULATION TRIAL

Procedure: Percutaneous nerve evaluation (PNE)
Date: 10/01/2025
Lead Placement: S3 bilateral under fluoroscopy
Trial Duration: 14 days (10/01/2025 - 10/15/2025)

Trial Period Bowel Diary (Days 8-10):

Day	FI Episodes	Soiling Events	Urgency Events
Day 8	2	1	3
Day 9	1	2	2
Day 10	1	1	3
Weekly Avg	**9.3**	**9.3**	**18.7**

Baseline weekly FI episodes: 25.7
Trial weekly FI episodes: 9.3
IMPROVEMENT: 64% reduction in incontinence episodes

Patient reports significant improvement during trial. Much better control. Improvement sustained throughout 14-day trial. No complications. Patient very satisfied and eager to proceed with permanent device.

ASSESSMENT & DIAGNOSIS

Primary: Fecal incontinence (K62.81)
Secondary: Anal sphincter deficiency, post-obstetric trauma

CLINICAL SUMMARY

59-year-old female with chronic fecal incontinence of 14 months duration (>6 months). Average 3-4 FI episodes per week. History of obstetric trauma with 4th degree laceration. Anorectal physiology testing demonstrates extensive sphincter defects. Patient has tried dietary modifications and is on loperamide with partial benefit. Test stimulation shows excellent 64% improvement in symptoms.

Documentation regarding formal pelvic floor physical therapy is limited in record. Patient states she performed exercises at home but unclear if supervised therapy was completed.

TREATMENT PLAN

1. Authorization request submitted for permanent SNS device
2. Continue dietary modifications and loperamide
3. Pending authorization approval, schedule Stage 2 implantation
4. Continue antidepressant therapy
5. Post-op follow-up protocol as indicated

Dr. Thomas Reynolds

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Thomas Reynolds, MD, FACS, FASCRS
Colon & Rectal Surgery
Date: October 5, 2025
NPI: 1952847362