

**METRO UROLOGY GROUP**

5600 Wisconsin Avenue, Suite 1200 | Milwaukee, WI 53213

Phone: (414) 555-0156 | Fax: (414) 555-0157

**INITIAL UROLOGY CONSULTATION****Patient Name:** Johnson, Bradley K.**Date of Birth:** 02/28/1975 (Age: 50)**Medical Record #:** MUG-294837**Date of Service:** September 25, 2025**Referring Provider:** Self-referred**Insurance:** Medicare**CHIEF COMPLAINT**

Patient presents requesting evaluation for penile prosthesis

**HISTORY OF PRESENT ILLNESS**

Mr. Johnson is a 50-year-old male who presents to our clinic requesting penile prosthesis surgery. Patient reports approximately 2-year history of erectile difficulties. He describes intermittent problems achieving erections adequate for sexual intercourse, stating that "sometimes it works, sometimes it doesn't."

Patient states he researched penile implants online and believes this is the solution he needs. When questioned about previous treatments, patient reports he has not tried any oral medications or other therapies. States he "wants to skip all that and go straight to the permanent solution."

Patient denies any specific inciting event or injury. Reports generally good health otherwise. When asked about psychosocial factors, patient becomes somewhat defensive and states "this is a physical problem." Patient declined referral for psychological evaluation when suggested, stating it is unnecessary.

**PAST MEDICAL HISTORY**

- Hypertension (reports good control, on medication)
- No history of diabetes, cardiovascular disease, or neurological conditions
- No history of pelvic surgery or trauma

## MEDICATIONS

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- Amlodipine 5mg daily

## SURGICAL HISTORY

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- None

## SOCIAL HISTORY

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Divorced 3 years ago. Currently dating. Works in sales. Reports high stress at work. Smokes ½ pack per day (25 years). Drinks alcohol socially (2-3 drinks, 2-3 times per week). Denies illicit drug use.

## REVIEW OF SYSTEMS

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Patient denies depression or anxiety when directly questioned, though appears guarded when discussing emotional health. Reports good energy level. Denies changes in libido. Morning erections present intermittently per patient. No urinary symptoms.

## PHYSICAL EXAMINATION

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**Vital Signs:** BP 136/84, HR 78, Weight 195 lbs, Height 5'11", BMI 27.2

**General:** Well-appearing male, appropriately dressed, somewhat impatient demeanor

**Cardiovascular:** Regular rate and rhythm, normal S1/S2, no murmurs. Peripheral pulses 2+ bilaterally in all extremities

**Genitourinary:** Normal external male genitalia. Penis appears normal in size and structure, no plaques, no fibrosis. Testes normal size and consistency bilaterally, no masses. No hernias.

**Neurological:** Normal sensory examination of genital region. Bulbocavernosus reflex intact. Normal perineal sensation.

## DIAGNOSTIC STUDIES

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Comprehensive diagnostic workup was ordered to evaluate for organic causes of erectile dysfunction:

Test	Date	Result	Interpretation
Penile Doppler Ultrasound	09/20/2025	PSV: Right 38 cm/sec, Left 36 cm/sec EDV: 2 cm/sec bilaterally	Normal - Adequate arterial inflow, appropriate venous occlusion
Nocturnal Penile Tumescence Study	09/18- 19/2025	4 erectile episodes over 2 nights Maximal rigidity: 75-80% Duration: 20-35 minutes	Normal - Indicates capacity for normal erectile function
Testosterone, Total (AM)	09/15/2025	542 ng/dL	Normal
Free Testosterone	09/15/2025	11.2 pg/mL	Normal
Prolactin	09/15/2025	7.8 ng/mL	Normal
HbA1c	09/15/2025	5.4%	Normal - No diabetes
Lipid Panel	09/15/2025	Total cholesterol 188 LDL 108, HDL 52, TG 142	Normal
Thyroid Function (TSH)	09/15/2025	2.4 mIU/L	Normal

## ASSESSMENT

### Erectile dysfunction, likely psychogenic etiology (ICD-10: F52.21)

The presence of normal nocturnal erections is significant as it indicates the physiologic capacity for erectile function is intact. Patient reports high work stress, recent divorce, and becomes defensive when psychosocial factors are explored.

Patient has not attempted any treatment whatsoever - no oral medications, no lifestyle modifications, no counseling. Patient explicitly declined psychological evaluation when recommended.

## PHYSICIAN ASSESSMENT AND RECOMMENDATION

Mr. Johnson presents requesting penile prosthesis but comprehensive workup reveals no organic pathology. His vascular studies, hormonal evaluation, and nocturnal tumescence testing are all normal. The presence of normal nocturnal erections indicates the physiologic capacity for erectile function is intact.

The clinical picture suggests psychogenic erectile dysfunction, likely related to recent divorce, work stress, and performance anxiety. Patient's resistance to psychological evaluation and insistence on proceeding directly to irreversible surgical intervention without any trial of conservative therapy is concerning.

**Clinical reasoning:** Penile prosthesis is a treatment for erectile dysfunction when the physiologic capacity for erection is absent or severely compromised, typically after failure of conservative treatments. In this case, the patient demonstrates normal erectile capacity on objective testing, and psychological factors appear to be primary contributors that have not been addressed.

#### **TREATMENT RECOMMENDATIONS:**

- Psychological/sex therapy evaluation and treatment strongly recommended
- If patient insists on medical management, trial of PDE-5 inhibitor could be considered (though not medically necessary given normal nocturnal function)
- Lifestyle modifications: smoking cessation, stress management
- Surgical intervention would not address the underlying psychogenic factors and would permanently eliminate natural erectile capacity

#### **PATIENT COUNSELING:**

I counseled the patient extensively regarding findings. Explained that his comprehensive testing shows normal erectile function capacity, and that the difficulties he experiences appear related to psychological factors rather than physical pathology. Discussed that rushing to irreversible surgery without addressing contributing factors would not be in his best medical interest.

Patient expressed disappointment and disagreement with assessment. He stated he would "seek a second opinion." I provided referral information for sex therapy and psychological services, which patient declined. I explained that any thorough urologic evaluation would likely reach similar conclusions given the objective findings.

Offered to see patient in follow-up if he pursues recommended therapies. Patient stated he would consider options and left without scheduling follow-up.

Thomas Patel, MD

Board Certified Urologist

WI Medical License #: UR-53782

Date: September 25, 2025