

FAX
SEP 28 2025

FROM: Greenville Urology Clinic | TO: Prior Auth Dept | DATE: 09/28/2025 10:47 | PAGES: 3

GREENVILLE UROLOGY CLINIC985 Medical Center Parkway | Greenville, SC 29605
Tel: (864) 555-2100 | Fax: (864) 555-2101**PATIENT DEMOGRAPHICS**

Name: Henderson, Patricia Anne
DOB: 02/18/1954 (Age: 71 years)
MRN: GUC-782945
Insurance: Medicare Part B | Policy #: 5TH3KP9QW41
Encounter Date: 09/25/2025

PRESENTING COMPLAINT

71 y/o female referred for persistent urge urinary incontinence unresponsive to conservative management.

HISTORY OF PRESENT ILLNESS

Patient reports 3+ year history of progressive urge incontinence. Currently experiencing 9-11 incontinence episodes daily. Uses 5-7 protective pads per day. Significant impact on daily activities and social engagement. Denies stress incontinence. No dysuria, hematuria, or pelvic pain.

Prior Conservative Treatment:**Behavioral Management (2022-2023):**

- Completed bladder training program at Women's Health PT
- Pelvic floor exercises x 6 months
- Fluid management and timed voiding
- Minimal improvement noted

Pharmacotherapy:

1. Oxybutynin IR 5mg TID (4 months, early 2023) - discontinued d/t dry mouth, confusion
2. Tolterodine ER 4mg daily (5 months, mid 2023) - inadequate response
3. Trospium 60mg ER daily (6 months, late 2023-early 2024) - partial response (~25% improvement) but still symptomatic

PAST MEDICAL HISTORY

- ☒ Hypertension
- ☐ Diabetes Mellitus
- ☐ Neurologic disease
- ☒ GERD
- ☒ Osteoporosis

SURGICAL HISTORY

- Appendectomy (1989)
- Bilateral cataract surgery (2021, 2022)

CURRENT MEDICATIONS

1. Lisinopril/HCTZ 20/12.5mg daily
2. Omeprazole 20mg daily
3. Alendronate 70mg weekly
4. Calcium/Vit D supplement

ALLERGIES

Sulfa drugs (rash)

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PHYSICAL EXAMINATION (09/25/2025)

Vitals: BP 132/78 HR 68 Temp 98.2°F Wt 156 lbs

General: Alert, cooperative, well-appearing

Abdomen: Soft, nontender, no masses

Pelvic: Normal external genitalia, mild vaginal atrophy, no prolapse (POP-Q Stage 0), adequate pelvic floor strength, negative cough stress test

Neuro: Alert & oriented x3, CN II-XII intact, normal gait

DIAGNOSTIC STUDIES**Voiding Diary (09/18-09/20/2025) - Baseline:**

Day	Incontinence Episodes	Total Voids	Nocturia
Day 1	10	16	3
Day 2	11	18	4
Day 3	9	15	3
Average	10.0	16.3	3.3

Urinalysis (09/18/2025): Negative for infection, blood, protein**Post-Void Residual (09/18/2025):** 28 mL**Urodynamics (09/22/2025):**

- Cystometric capacity: 310 mL
- Involuntary detrusor contractions noted during filling
- No stress incontinence demonstrated
- No outlet obstruction
- Normal bladder compliance

TEST STIMULATION TRIAL**Procedure Date:** 09/23/2025**Type:** Percutaneous nerve evaluation (PNE), S3 bilateral**Trial Duration:** 14 days (09/23/2025 - 10/07/2025)**Trial Voiding Diary (Days 10-12):**

Day	Incontinence Episodes	Total Voids	Nocturia
Day 10	4	9	1
Day 11	3	8	1
Day 12	3	10	2
Average	3.5	9.0	1.3

Improvement from baseline: 65% reduction in incontinence episodes

Patient very pleased with trial results. Reports marked improvement in 20L. No complications during trial period.

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ASSESSMENT & DIAGNOSIS

Primary: Urge urinary incontinence (N39.41)

Secondary: Overactive bladder syndrome (N32.81)

CLINICAL SUMMARY

71-year-old female with medically refractory urge urinary incontinence. Has undergone appropriate conservative therapy including behavioral modifications and trials of three different anticholinergic medications over 18+ months without adequate symptom control. Urodynamic testing confirms detrusor overactivity. Patient has no contraindications and is appropriate surgical candidate. Successful percutaneous test stimulation with 65% improvement in incontinence episodes.

TREATMENT PLAN

1. Proceed with permanent InterStim II device implantation
2. Pre-operative clearance obtained
3. Surgery scheduled for 10/15/2025
4. Continue current medications
5. Post-op follow-up at 2 weeks, 6 weeks, 3 months

Dr. Sarah Mitchell

Sarah Mitchell, MD
Urology
Date: 09/25/2025
NPI: 1528374650

