FAX TRANSMISSION
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COLON & RECTAL SURGERY ASSOCIATES

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PATIENT INFORMATION

Name: Williams, Sharon Marie
Date of Birth: 08/12/1967 (Age: 58 years)
MRN: CRSA-624789
Insurance: Medicare | ID: 2MN8PQ7RT55
Date of Visit: 10/05/2025

CHIEF COMPLAINT

Chronic fecal incontinence, refractory to conservative management

HISTORY OF PRESENT ILLNESS

58 y/o female with 18-month history of fecal incontinence following vaginal delivery complicated by 3rd degree perineal tear in 1995. Patient reports 3-5 episodes of involuntary stool leakage per week, primarily with urgency. Significantly impacts quality of life and limits social activities. Reports frequent soiling and need for protective pads.

Previous Conservative Management:

Dietary Modifications (2024, 8 months):
- Low FODMAP diet
- Fiber supplementation (psyllium)
- Avoidance of trigger foods
- Minimal improvement

Pharmacologic Trials:
- Loperamide 2mg BID PRN (6 months) - partial benefit, ~20% improvement
- Cholestyramine powder (3 months) - poor tolerance, discontinued

Pelvic Floor Physical Therapy (2024):
- 16 sessions over 5 months
- Biofeedback therapy
- Kegel exercises
- Limited sustained benefit

PAST MEDICAL HISTORY

- Irritable bowel syndrome (IBS-D predominant)
- Anxiety disorder (controlled)
- Hypothyroidism
- No diabetes, no neurologic disease, no inflammatory bowel disease

SURGICAL HISTORY

- Primary repair of 3rd degree perineal laceration (1995)
- Laparoscopic cholecystectomy (2018)
- Thyroidectomy (2012)

MEDICATIONS

1. Levothyroxine 125mcg daily
2. Sertraline 50mg daily
3. Loperamide 2mg BID PRN
4. Psyllium supplement

ALLERGIES

Penicillin (hives)

PHYSICAL EXAMINATION (10/05/2025)

Vitals: BP 118/72, HR 70, Temp 98.4°F, Weight 142 lbs

General: Alert, well-nourished female, appears anxious

Abdomen: Soft, non-tender, active bowel sounds

Rectal: Old perineal scar noted, diminished anal sphincter tone on digital exam, no masses, no active inflammation

Neuro: Normal gait, intact sensation, no focal deficits

DIAGNOSTIC STUDIES

Bowel Diary (Baseline 09/20-09/22/2025):

Day	FI Episodes	Soiling Events	Pads Used
Day 1	3	2	4
Day 2	4	3	5
Day 3	3	2	4
Average/week	**23.3**	**16.3**	**30.3**

Anorectal Manometry (09/25/2025):
- Resting anal pressure: 38 mmHg (low, normal >50)
- Squeeze pressure: 82 mmHg (low normal)
- Rectal sensation: Normal
- Rectoanal inhibitory reflex: Present
- Internal sphincter defect noted on ultrasound

Endoanal Ultrasound (09/25/2025):
- External anal sphincter: Intact but thinned
- Internal anal sphincter: Focal defect 45 degrees, anterior quadrant, consistent with prior obstetric injury
- No active abscess or fistula

Colonoscopy (08/10/2025):
- Normal mucosa throughout
- No evidence of inflammatory bowel disease
- No masses or polyps

TEST STIMULATION TRIAL

Procedure: Percutaneous nerve evaluation (PNE)
Date: 09/28/2025
Lead Placement: S3 bilateral under fluoroscopy
Trial Duration: 14 days (09/28/2025 - 10/12/2025)

Patient tolerated procedure well. Lead placement confirmed at S3 level bilaterally. Good motor and sensory responses noted during intraop testing.

TEST STIMULATION RESULTS

Trial Period Bowel Diary (Days 7-9):

Day	FI Episodes	Soiling Events	Pads Used
Day 7	1	1	2
Day 8	2	0	2
Day 9	1	1	1
Average/week	**9.3**	**4.7**	**11.7**

Baseline weekly FI episodes: 23.3
Trial weekly FI episodes: 9.3
IMPROVEMENT: 60% reduction in incontinence episodes

Patient reports significant improvement in symptoms during trial. Better control over bowel movements. Improvement sustained throughout 14-day period. No adverse events. Patient very satisfied.

ASSESSMENT & DIAGNOSIS

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

CLINICAL SUMMARY

58-year-old female with chronic fecal incontinence of 18 months duration (well over 6 months requirement). Average 3+ FI episodes per week. Failed appropriate conservative management including dietary modifications, pharmacologic therapy with bulking agents, and comprehensive pelvic floor physical therapy with biofeedback over 5 months. Anorectal physiology testing demonstrates internal sphincter defect from prior obstetric trauma. No contraindications identified - no anorectal malformation, no active inflammatory bowel disease, no neurologic conditions. Successful test stimulation with 60% sustained improvement.

TREATMENT PLAN

1. Proceed with permanent sacral nerve stimulation device implantation
2. Stage 2 procedure: permanent InterStim device
3. Pre-operative clearance completed
4. Surgery tentatively scheduled pending authorization
5. Continue dietary modifications and current medications
6. Post-operative follow-up protocol: 2 wks, 6 wks, 3 months, 6 months
7. Ongoing bowel diary monitoring

Dr. Angela Martinez

Angela Martinez, MD, FACS, FASCRS
Colon & Rectal Surgery
Date: October 5, 2025 | Time: 14:30
NPI: 1847362950