

BIRMINGHAM UROLOGIC SPECIALISTS

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PATIENT INFORMATION

Patient Name:	Martinez, Carlos Eduardo
Date of Birth:	06/22/1961 (Age: 64)
Medical Record:	BUS-903471
Insurance:	Medicare Advantage   Member ID: ZYX847392015
Visit Date:	October 3, 2025
Provider:	Dr. William Thompson, MD

CHIEF COMPLAINT

Urge urinary incontinence uncontrolled with medications

HISTORY OF PRESENT ILLNESS

64-year-old male with 2.5-year history of urge urinary incontinence. Reports 7-9 incontinence episodes daily with significant urgency. Uses 4-6 pads per day. Denies stress incontinence or obstructive symptoms. No gross hematuria.

Prior Conservative Therapies:

- Behavioral therapy including bladder training (6 months duration, 2023)
- Timed voiding and fluid management

Medication Trials:

- Oxybutynin 5mg TID (4 months) - discontinued due to constipation
- Solifenacin 10mg daily (5 months) - inadequate response
- Mirabegron 50mg daily (current, 6 months) - partial benefit only, approximately 30% improvement

PAST MEDICAL HISTORY

- Type 2 Diabetes Mellitus - diagnosed 2008, currently on insulin
- Diabetic Peripheral Neuropathy - documented by neurology 2021, confirmed with nerve conduction studies
- Hypertension
- Hyperlipidemia
- Benign prostatic hyperplasia

SURGICAL HISTORY

- Appendectomy (1985)

CURRENT MEDICATIONS

- Insulin glargine 30 units daily
- Insulin lispro sliding scale with meals
- Metformin 1000mg BID
- Lisinopril 10mg daily
- Atorvastatin 40mg daily
- Mirabegron 50mg daily
- Tamsulosin 0.4mg daily

- Gabapentin 300mg TID (for neuropathy)

ALLERGIES

No known drug allergies

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PHYSICAL EXAMINATION

**Vitals:** BP 138/84, HR 76, Temp 98.6°F, Weight 192 lbs, BMI 28.3

**General:** Well-appearing male, no acute distress

**Abdomen:** Soft, non-tender, no organomegaly

**GU:** Normal external genitalia, prostate moderately enlarged (approx 45g), smooth, no nodules

**Extremities:** Decreased sensation to light touch and pinprick in stocking distribution bilaterally

**Neurologic:** Alert and oriented x3, decreased ankle reflexes bilaterally, diminished vibratory sense in feet consistent with known peripheral neuropathy

DIAGNOSTIC STUDIES

Baseline Voiding Diary (09/26-09/28/2025):

Measure	Day 1	Day 2	Day 3	Average
Incontinence episodes	8	9	7	8.0
Total voids	15	16	14	15.0
Nocturia	3	4	3	3.3

**Urinalysis (09/26/2025):** Clear, negative for infection, trace glucose

**Post-Void Residual (09/26/2025):** 45 mL

Uroflowmetry (09/26/2025):

- Voided volume: 285 mL
- Peak flow: 18 mL/sec
- Average flow: 11 mL/sec
- Flow pattern: Normal bell curve

Urodynamics (09/29/2025):

- Cystometric capacity: 295 mL
- Detrusor overactivity present with involuntary contractions during filling
- Normal compliance
- No stress incontinence
- Bladder outlet not obstructed

Neurology Consultation Note (08/15/2021) - Dr. Patricia Reynolds:

*"Patient with longstanding Type 2 DM presents with burning pain and numbness in bilateral lower extremities in stocking distribution. Nerve conduction studies performed today demonstrate sensorimotor polyneuropathy consistent with diabetic*

*peripheral neuropathy. Reduced sensory nerve action potentials in bilateral sural nerves. Slowed motor conduction velocities. Assessment: Diabetic peripheral neuropathy. Initiated on gabapentin."*

**HbA1c (09/15/2025):** 7.8%

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TEST STIMULATION

**Date:** September 30, 2025  
**Procedure:** Percutaneous nerve evaluation, S3 lead placement  
**Trial duration:** 14 days (09/30/2025 - 10/14/2025)

Trial Period Voiding Diary (Days 8-10):

Measure	Day 8	Day 9	Day 10	Average	% Change
Incontinence episodes	3	4	3	3.3	-59%
Total voids	10	11	9	10.0	-33%
Nocturia	2	1	2	1.7	-48%

**Test Result:** 59% improvement in incontinence episodes

ASSESSMENT

Diagnosis:

- Urge urinary incontinence (ICD-10: N39.41)
- Overactive bladder (ICD-10: N32.81)
- Type 2 Diabetes Mellitus with diabetic peripheral neuropathy (ICD-10: E11.42)

CLINICAL SUMMARY & PLAN

64-year-old male with medically refractory urge urinary incontinence. Patient has failed behavioral therapy and three medication trials over extended period. Test stimulation shows 59% improvement. However, patient has documented diabetic peripheral neuropathy confirmed by neurology evaluation and nerve conduction studies. This represents a complex case given the neuropathic component.

Plan:

- Submitted authorization request for permanent sacral nerve stimulator implantation
- Continue current medications pending authorization decision
- Patient counseled on all aspects of procedure
- Optimize diabetes management with endocrinology

William Thompson, MD  
Board Certified Urology

Date: October 3, 2025  
NPI: 1639528741