

UNIVERSITY UROLOGY ASSOCIATES

Medical College of Virginia | Richmond, VA 23298

Phone: (804) 555-7100 | Fax: (804) 555-7101

PATIENT INFORMATION

Patient Name: Davis, Michael Thomas
Date of Birth: 09/14/1952 (Age: 73)
Medical Record: UUA-628947
Insurance: Medicare Part B | Member ID: 7LP4KN9WR36
Visit Date: October 6, 2025
Provider: Dr. Katherine Williams, MD

CHIEF COMPLAINT

Non-obstructive urinary retention requiring intermittent self-catheterization

HISTORY OF PRESENT ILLNESS

73-year-old male with 2.5-year history of urinary retention. Patient unable to void spontaneously or voids with significant retention. Post-void residuals consistently 200-350 mL. Currently performing clean intermittent self-catheterization 4-5 times daily. Denies obstructive symptoms such as hesitancy or weak stream when able to void. No history of urinary tract infections.

Etiology Workup:

- Cystoscopy (2023): Normal urethra, bladder neck, no obstruction identified
- Urodynamics (2023, 2025): Non-obstructive retention, poor detrusor contractility
- MRI lumbar spine (2023): Mild degenerative changes, no cord compression or cauda equina pathology
- Neurologic evaluation (2024): No evidence of neurogenic bladder from systemic neurologic disease

Prior Treatment Trials:

- **Behavioral:** Double voiding technique, Credé maneuver - ineffective
- **Alpha-blocker trial:** Tamsulosin 0.4mg daily x 6 months (2023) - no improvement in PVR
- **Cholinergic agent:** Bethanechol 25mg TID x 4 months (2024) - no significant improvement, discontinued
- **Intermittent catheterization:** Current management since 2023, performing 4-5x daily

PAST MEDICAL HISTORY

- Hypertension - controlled
- Coronary artery disease - stable, s/p PCI 2018
- Hyperlipidemia
- Chronic back pain - degenerative disc disease
- No diabetes mellitus
- No neurologic disease (MS, Parkinson's, spinal cord injury)

SURGICAL HISTORY

- Percutaneous coronary intervention (2018)
- Right knee arthroscopy (2016)

CURRENT MEDICATIONS

- Metoprolol 50mg BID

- Lisinopril 10mg daily
- Atorvastatin 80mg at bedtime
- Aspirin 81mg daily
- Clopidogrel 75mg daily

ALLERGIES

No known drug allergies

Davis, Michael | MRN: UUA-628947 | Page 2 of 3

PHYSICAL EXAMINATION

Vitals: BP 124/76, HR 64, Temp 98.4°F, Weight 172 lbs

General: Well-appearing elderly male, no acute distress

Abdomen: Soft, non-tender, no palpable bladder, no masses

GU: Normal external genitalia, prostate small and smooth on DRE

Neurologic: Alert and oriented x3, normal gait, intact perineal sensation, normal anal sphincter tone

DIAGNOSTIC STUDIES

Baseline Catheterization Log (09/20-09/22/2025):

Day	Spontaneous Voids	Catheterizations	Avg Catheterized Vol (mL)	Avg PVR (mL)
Day 1	2	5	285	310
Day 2	1	5	295	340
Day 3	2	4	270	295
Average	1.7	4.7	283	315

Urinalysis (09/20/2025): Normal, no infection

Uroflowmetry (09/23/2025):

- Voided volume: 95 mL (patient able to void small amount)
- Peak flow: 8 mL/sec (low)
- Post-void residual: 325 mL

Urodynamic Study (09/25/2025):

- Bladder capacity: 425 mL
- Normal sensation
- Detrusor acontractility - minimal detrusor contraction during voiding attempt
- No bladder outlet obstruction demonstrated
- Diagnosis: Non-obstructive urinary retention secondary to impaired detrusor contractility

Cystoscopy (06/15/2023): Normal urethra and bladder neck, no strictures, no obstruction, trabeculated bladder consistent with chronic retention

SACRAL NERVE TEST STIMULATION

Date: September 28, 2025
Procedure: Percutaneous nerve evaluation (PNE), bilateral S3 lead placement
Trial duration: 14 days (09/28/2025 - 10/12/2025)

Trial Period Catheterization Log (Days 9-11):

Day	Spontaneous Voids	Catheterizations	Avg Catheterized Vol (mL)	Avg PVR (mL)
Day 9	4	2	145	135
Day 10	5	1	130	125
Day 11	4	2	140	130
Average	4.3	1.7	138	130

Baseline average PVR: 315 mL
Trial average PVR: 130 mL
IMPROVEMENT: 58% reduction in post-void residual volume

Patient reports marked improvement during trial period. Able to void spontaneously more frequently. Significant reduction in need for self-catheterization from 4-5x daily to 1-2x daily. Improvement sustained throughout 14-day trial. No adverse events. Patient very satisfied with results.

ASSESSMENT

Diagnosis:

- Non-obstructive urinary retention (ICD-10: R33.8)
- Detrusor underactivity/acontractility

CLINICAL SUMMARY & PLAN

73-year-old male with non-obstructive urinary retention requiring chronic intermittent self-catheterization. Extensive workup confirms non-obstructive etiology with impaired detrusor contractility. Has failed behavioral techniques and medication trials including alpha-blocker and cholinergic therapy. Urodynamics confirm non-obstructive retention. No contraindications to therapy. Test stimulation shows excellent response with 58% reduction in post-void residual volumes and significant improvement in spontaneous voiding.

Plan:

- Proceed with permanent sacral nerve stimulation device implantation
- Pre-operative cardiac clearance obtained given CAD history
- Continue current cardiac medications
- Patient to continue intermittent catheterization as needed until device activated
- Post-operative follow-up: 2 weeks, 6 weeks, 3 months, 6 months

- Goal: Eliminate or minimize need for catheterization
-

Katherine Williams, MD

Board Certified Urology

Date: October 6, 2025

NPI: 1842736590