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OCT 10
2025

FAX | FROM: Women's Urology Center | TO: Insurance Auth | 10/10/2025 08:32 | PGS: 2

WOMEN'S UROLOGY CENTER OF RALEIGH

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PATIENT DATA

Patient: Chen, Linda Marie
DOB: 11/28/1963 (62 yo)
MRN: WUC-574821
Insurance: Medicare Traditional | 9RT6XM2KL88
Visit: 10/08/2025

PRESENTING PROBLEM

62 y/o F with severe urgency-frequency syndrome and urge incontinence unresponsive to medical management

HPI

Patient presents with 3+ year history of severe urinary urgency and frequency. Reports voiding 18-20 times daily with 5-7 urge incontinence episodes per day. Significant nocturia (5-6x/night) disrupting sleep. Symptoms markedly affect quality of life - unable to travel, limited social engagement, chronic fatigue from sleep disruption.

Conservative Mgmt History:**BEHAVIORAL (2022-2023, 8 mo):**

- Bladder retraining program
 - Supervised pelvic floor PT w/ biofeedback
 - Dietary modifications (reduce caffeine, alcohol)
 - Timed voiding protocols
- > Modest improvement initially but symptoms returned

MEDICATIONS:

- (1) Oxybutynin ER 10mg daily x 5 mo (2023) - intolerable dry mouth, d/c
- (2) Tolterodine ER 4mg daily x 4 mo (2023) - minimal benefit
- (3) Mirabegron 50mg daily x 7 mo (2023-2024) - partial response ~25%, still symptomatic
- (4) Trosipium 60mg ER x 5 mo (2024) - inadequate control

No h/o stress UI. No dysuria, hematuria. No UTIs.

PMH

- HTN (controlled)
 - Hypothyroidism
 - Anxiety
 - Migraine headaches
- NO diabetes, NO neurologic disease, NO h/o pelvic radiation

PSH

- C-section x2 (1992, 1995)
- Laparoscopic tubal ligation (2000)

MEDS

Lisinopril 10mg qd, Levothyroxine 88mcg qd, Buspirone 15mg bid, Sumatriptan 50mg prn, Trosipium 60mg ER qd

ALLERGIES

Latex (contact dermatitis)

PE (10/08/2025)

VS: BP 122/74, P 68, T 98.3, Wt 138#
Gen: Anxious-appearing female, NAD
Abd: Soft, NT, ND, +BS, C-section scars well-healed
Pelvic: Normal external, no prolapse (POP-Q stage 0), good pelvic floor strength, negative stress test
Neuro: A&Ox3, normal gait, sensation intact

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DIAGNOSTIC WORKUP**BASELINE VOIDING DIARY (10/01-10/03/2025):**

	Day 1	Day 2	Day 3	AVG
Urgency episodes	19	18	20	19.0
Urge incont	6	7	5	6.0
Total voids	19	18	21	19.3
Nocturia	5	6	5	5.3

UA (10/01/25): neg infection, neg blood, neg protein**PVR (10/01/25):** 22 mL**URODYNAMICS (10/04/25):**

Cystometric cap: 275 mL | First sensation: 95 mL | Strong desire: 180 mL
 Detrusor overactivity with multiple involuntary contractions
 No stress incontinence | No obstruction | Normal compliance

TEST STIMULATION**Procedure:** PNE test, S3 leads bilateral**Date:** 10/05/2025**Duration:** 14 days (10/05/2025 - 10/19/2025)

Test lead placement successful. Good responses bilat S3. Pt tolerated well. No complications.

TRIAL VOIDING DIARY (DAYS 9-11):

	Day 9	Day 10	Day 11	AVG	%Δ
Urgency episodes	6	5	4	5.0	-74%
Urge incont	2	1	2	1.7	-72%
Total voids	9	8	10	9.0	-53%
Nocturia	2	1	2	1.7	-68%

TEST RESULT: 72% improvement in urge incontinence episodes

Pt reports dramatic improvement in symptoms. Better sleep. Able to leave house without anxiety. Very pleased with trial results. No adverse effects.

ASSESSMENT

Dx: Urgency-frequency syndrome (N35.0), Urge urinary incontinence (N39.41), Overactive bladder (N32.81)

CLINICAL SUMMARY & PLAN

62-year-old female with severe refractory urgency-frequency syndrome and urge incontinence. Failed comprehensive behavioral therapy and 4 medication trials over 21+ months. Urodynamics confirm detrusor overactivity. No contraindications. Excellent response to test stimulation with 72% improvement sustained throughout trial.

PLAN:

1. Proceed with permanent InterStim device implantation
2. Pre-op clearance completed
3. Continue current meds until device activated
4. F/U: 2wk, 6wk, 3mo, 6mo post-op
5. Ongoing voiding diary monitoring

Dr. Emily Foster

Emily Foster, MD, FACS
Female Pelvic Medicine & Reconstructive Surgery
Date: 10/08/2025 | NPI: 1736482950