FAX RECD OCT 11 25

FACSIMILE TRANSMISSION
TO: Insurance Auth | FROM: Piedmont Colorectal Surgery Center
DATE: 10/11/2025 | TIME: 13:15 | PAGES: 4 | STATUS: TRANSMITTED OK

PIEDMONT COLORECTAL SURGERY CENTER

4200 Wake Forest Road, Suite 310 | Winston-Salem, NC 27109
Phone: (336) 555-6200 | Fax: (336) 555-6201

PATIENT INFORMATION

Name: Rodriguez, Maria Elena
Date of Birth: 03/08/1958 (Age: 67 years)
MRN: PCSC-728394
Insurance: Medicare Traditional | ID: 1QN4RP8MS59
Date of Visit: 10/08/2025

CHIEF COMPLAINT

Severe chronic fecal incontinence following obstetric injury, refractory to multiple treatments

HISTORY OF PRESENT ILLNESS

67-year-old female with 25+ year history of fecal incontinence dating back to difficult vaginal delivery in 1996. Delivery complicated by 4th degree perineal laceration with immediate surgical repair. Patient initially had mild symptoms managed conservatively. However, over past 3 years, symptoms have significantly worsened with current frequency of 5-7 episodes of involuntary stool leakage per week. Also experiences frequent soiling and urgency. Patient reports devastating impact on quality of life with severe social isolation, depression, and inability to work or engage in normal activities.

Obstetric History:
- G3P3, all vaginal deliveries
- First delivery (1992): Uncomplicated
- Second delivery (1994): Uncomplicated
- Third delivery (1996): Complicated by 4th degree laceration extending through external and internal anal sphincters into rectal mucosa, primary repair performed at time of delivery
- Initial post-partum course with mild FI symptoms that improved somewhat over first year
- Progressive worsening over past 3 years

PRIOR CONSERVATIVE MANAGEMENT

Dietary Modifications (2022-present, ongoing 3+ years):
- Low FODMAP diet initiated with dietitian
- Fiber supplementation: Psyllium 1 tablespoon BID
- Avoidance of trigger foods (dairy, caffeine, alcohol, spicy foods)
- Small frequent meals
- Modest improvement in stool consistency but minimal impact on incontinence frequency

Pharmacologic Therapies:
(1) Loperamide 2mg QID (18 months, 2023-2024) - partial benefit ~25%, side effects of cramping
(2) Loperamide 4mg BID + Cholestyramine (6 months, 2024) - better tolerated, ~30% improvement but still significantly symptomatic
(3) Current: Loperamide 2mg TID - ongoing

Pelvic Floor Physical Therapy (2023, 7 months):
- 20 sessions with specialized pelvic floor therapist
- Biofeedback-assisted training

- Kegel exercises with progressive resistance
- Home exercise program
- Initial modest improvement but not sustained
- Patient compliant with therapy but limited benefit

PRIOR SURGICAL INTERVENTION

Sphincteroplasty (2020):
- Overlapping anterior sphincter repair performed
- Initial improvement post-op with reduction in FI episodes to 1-2/week
- Benefit lasted approximately 18 months
- Gradual return of symptoms beginning 2022
- By 2024, back to 5-7 episodes/week
- Repeat imaging shows partial breakdown of repair with recurrent sphincter defect

PAST MEDICAL HISTORY

- Hypertension (controlled)
- Depression (related to FI)
- Chronic constipation (paradoxically coexists with FI)
- Osteoarthritis
- NO diabetes mellitus
- NO inflammatory bowel disease
- NO neurologic disease
- NO history of pelvic radiation

SURGICAL HISTORY

- Primary repair 4th degree laceration (1996)
- Anal sphincteroplasty (2020)
- Hysterectomy for fibroids (2005)
- Bilateral carpal tunnel release (2018)

MEDICATIONS

1. Lisinopril 10mg daily
2. Sertraline 100mg daily
3. Loperamide 2mg TID
4. Psyllium supplement BID
5. MiraLAX PRN (for constipation)
6. Ibuprofen 600mg PRN

ALLERGIES

Codeine (severe nausea)

PHYSICAL EXAMINATION (10/08/2025)

Vitals: BP 132/78, HR 72, Temp 98.4°F, Weight 165 lbs

General: Well-appearing but anxious female, tearful when discussing symptoms

Abdomen: Soft, non-tender, hysterectomy scar well-healed

Perineum: Old obstetric scar and sphincteroplasty scar visible anteriorly

Rectal: Markedly diminished anal tone at rest, weak voluntary squeeze, anterior defect palpable, no masses or active inflammation

Neuro: Normal gait, intact sensation, no focal deficits

DIAGNOSTIC STUDIES

Bowel Diary (Baseline 09/28-09/30/2025):

Day	FI Episodes	Soiling Events	Urgency (<1 min)	Pads Used
Day 1	6	4	8	6
Day 2	5	5	7	6
Day 3	7	3	9	7
Weekly Avg	**42.0**	**28.0**	**56.0**	**44.3**

Anorectal Manometry (10/01/2025):
- Resting anal pressure: 25 mmHg (severely low, normal >50)
- Squeeze pressure: 55 mmHg (severely low, normal >100)
- Rectal sensation: Normal
- Rectoanal inhibitory reflex: Present
- Interpretation: Severe anal sphincter dysfunction

Endoanal Ultrasound (10/01/2025):
- External anal sphincter: Large anterior defect ~120 degrees, consistent with failed prior repair
- Internal anal sphincter: Severe thinning and defect anteriorly ~90 degrees
- Scarring noted in region of prior sphincteroplasty
- No active abscess or fistula
- Findings: Recurrent sphincter defects post-failed sphincteroplasty

Colonoscopy (07/22/2025):
- Normal colonic mucosa throughout
- No evidence of inflammatory bowel disease
- No masses, polyps, or strictures
- Diverticulosis of sigmoid colon

Pudendal Nerve Latency Studies (10/02/2025):
- Right pudendal nerve terminal motor latency: 2.4 ms (normal <2.2)
- Left pudendal nerve terminal motor latency: 2.6 ms (mildly prolonged)
- Findings suggest mild neuropathy, likely from obstetric trauma

> *Pt very distressed by symptoms. States "I can't live like this anymore." Desperately seeking any option that might help. Prior sphincter repair failed. Not a good candidate for repeat repair given extensive scarring and poor tissue quality.*

TEST STIMULATION TRIAL

Procedure: Percutaneous nerve evaluation (PNE)
Date: 10/04/2025
Lead Placement: S3 bilateral under fluoroscopic guidance
Trial Duration: 14 days (10/04/2025 - 10/18/2025)

Trial Period Bowel Diary (Days 8-10 of trial):

Day	FI Episodes	Soiling Events	Urgency (<1 min)	Pads Used
Day 8	2	2	3	3
Day 9	3	1	4	3
Day 10	2	2	3	2
Weekly Avg	**16.3**	**11.7**	**23.3**	**18.7**

Baseline weekly FI episodes: 42.0
Trial weekly FI episodes: 16.3
IMPROVEMENT: 61% reduction in fecal incontinence episodes

> *Patient reports dramatic improvement during trial! States this is the best she has felt in years. Able to leave house with confidence. Improvement sustained throughout entire 14-day period. No adverse events. Patient emotionally overwhelmed with relief. Eager to proceed with permanent device.*

ASSESSMENT & DIAGNOSIS

Primary: Fecal incontinence (K62.81)
Secondary: Anal sphincter deficiency, post-obstetric trauma, status post failed sphincteroplasty

CLINICAL SUMMARY

67-year-old female with severe chronic fecal incontinence of >25 years duration following obstetric injury. Currently averaging 6 FI episodes per week (well above 2 episode/week threshold). Failed comprehensive conservative management including extensive dietary modifications (3+ years), multiple pharmacologic trials with bulking agents (2+ years), and formal supervised pelvic floor physical therapy (7 months, 20 sessions with biofeedback). Previous sphincteroplasty (2020) initially successful but now failed with recurrent sphincter defects on imaging. Not a candidate for repeat sphincter repair due to poor tissue quality and extensive scarring. Anorectal physiology testing demonstrates severe sphincter dysfunction. No contraindications - no anorectal malformation, no active inflammatory bowel disease, no neurologic conditions. Successful test stimulation with 61% sustained improvement in symptoms.

TREATMENT PLAN

1. Proceed with permanent sacral nerve stimulation device implantation
2. Stage 2 procedure: permanent InterStim system
3. Pre-operative medical clearance obtained
4. Surgery scheduled pending insurance authorization
5. Continue dietary modifications and loperamide

6. Continue psychiatric support for depression
7. Post-operative follow-up: 2 weeks, 6 weeks, 3 months, 6 months, then annually
8. Ongoing bowel diary monitoring to assess device efficacy

Dr. Rachel Morrison

Rachel Morrison, MD, FACS, FASCRS
Colon & Rectal Surgery
Date: October 8, 2025 | Time: 16:20
NPI: 1847293658