NORTHWEST REHABILITATION & UROLOGY CENTER

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SPINAL CORD INJURY SPECIALTY CLINIC

*** FAX TRANSMISSION *** FROM: 503-555-0422 TO: 1-800-MEDICARE *** DATE: 09/21/2025 11:14 AM *** PAGES: 1 ***

PATIENT NAME:	Williams, Marcus D.
DATE OF BIRTH:	08/19/1969 (Age: 56 years)
MEDICAL RECORD:	NWRC-473829
DATE OF SERVICE:	September 19, 2025
REFERRING PHYSICIAN:	Dr. Robert Chen, Physiatry (SCI Specialist)

CHIEF COMPLAINT:

Erectile dysfunction following spinal cord injury, refractory to conservative management

HISTORY OF PRESENT ILLNESS:

Mr. Williams is a 56-year-old male with history of incomplete spinal cord injury at L1-L2 level sustained 3 years ago (October 2022) in motor vehicle accident. Patient underwent surgical decompression and stabilization at time of injury. He has achieved functional independence with use of bilateral ankle-foot orthoses and walker for mobility.

Patient reports complete erectile dysfunction since the injury. Prior to accident, he had normal sexual function with no erectile difficulties. Since injury, he has been unable to achieve any meaningful erections despite multiple treatment attempts. States this is causing significant distress as he is in committed relationship and desires to resume sexual activity.

TREATMENT HISTORY:

Initial Interventions (2023):
- Sildenafil 50mg: no response, increased to 100mg - minimal tumescence, insufficient for intercourse
- Tadalafil 20mg daily and PRN dosing: similar results to sildenafil, inadequate response
- Vardenafil 20mg: no improvement

Second-Line Therapy (2024):
- Vacuum erection device with constriction band: Trial period 6 months. Patient able to achieve partial rigidity but found device awkward to use given mobility limitations. Results inconsistent and unsatisfactory. Discontinued after 6-month trial.
- Referred to urology for consideration of intracavernosal injection therapy

Recent Evaluation (2025):
Patient declined injection therapy after discussion due to concerns about manual dexterity required for self-injection (has some residual hand weakness from SCI). States he would prefer definitive surgical solution.

PAST MEDICAL HISTORY:

- Spinal cord injury L1-L2, incomplete (ASIA C), s/p decompression and posterior fusion 10/2022
- Neurogenic bladder (manages with clean intermittent catheterization)
- Neurogenic bowel (on bowel program)
- Hypertension
- History of DVT post-injury (completed anticoagulation, no longer on treatment)

MEDICATIONS:

Baclofen 20mg TID, Gabapentin 600mg TID, Lisinopril 10mg daily, Docusate sodium 100mg BID, Multivitamin

SOCIAL HISTORY:

Lives with girlfriend of 8 years. Former construction worker, now on disability. Non-smoker (quit after injury). Denies alcohol or illicit drug use. Highly motivated for rehabilitation and adaptation.

PHYSICAL EXAMINATION:

VITAL SIGNS: BP 138/86, HR 70, Temp 98.1°F, Weight 192 lbs
GENERAL: Well-appearing male in wheelchair, NAD
NEUROLOGICAL: Lower extremity motor strength 3/5 proximally, 2/5 distally. Sensation decreased below L1 level. Intact upper extremity function with mild residual weakness R hand. Reflexes: absent ankle jerks, 1+ patellar bilaterally.
GENITOURINARY: Normal external male genitalia. No lesions or deformities. Sensation markedly decreased in genital region consistent with SCI level. Cremasteric reflex absent. Bulbocavernosus reflex absent.

DIAGNOSTIC STUDIES:

Spinal MRI	11/15/2022	Incomplete SCI L1-L2 with cord edema and compression (post-surgical changes). Conus medullaris involvement.
Urodynamics	03/2023	Neurogenic bladder with detrusor sphincter dyssynergia
Penile Doppler US	08/28/2025	PSV: 28 cm/sec bilaterally (normal). Inadequate cavernosal smooth muscle relaxation consistent with neurogenic ED. No significant arterial or venous pathology.
Testosterone (total)	08/25/2025	456 ng/dL (normal)
Prolactin	08/25/2025	9.2 ng/mL (normal)

ASSESSMENT:

Primary Diagnosis: Neurogenic erectile dysfunction secondary to spinal cord injury (ICD-10: N52.2)

This patient has complete erectile dysfunction directly attributable to his documented spinal cord injury at the L1-L2 level. The conus medullaris involvement explains the complete loss of erectile function. Penile Doppler shows adequate vascular supply but demonstrates neurogenic dysfunction with impaired smooth muscle relaxation.

Patient has failed appropriate conservative therapies including multiple PDE-5 inhibitors and vacuum device therapy. He is not a candidate for intracavernosal injections due to manual dexterity limitations and patient preference.

> *Patient counseled extensively re: penile prosthesis. Discussed infection risk (slightly elevated with neurogenic bladder/CIC), mechanical issues, need for future revisions. He understands permanent nature and accepts risks. Very motivated - states this would significantly improve quality of life and relationship.*

PHYSICIAN ASSESSMENT AND RECOMMENDATION:

Mr. Williams presents with neurogenic erectile dysfunction secondary to documented incomplete spinal cord injury. His erectile dysfunction is a direct consequence of the neurological injury affecting the conus medullaris and associated autonomic pathways essential for erectile function.

He has undergone appropriate conservative management over a 2+ year period without success. Given his documented neurological injury, the likelihood of regaining natural erectile function is negligible. The failure of oral PDE-5 inhibitors and vacuum therapy, combined with his inability to utilize injection therapy, makes him an appropriate candidate for penile prosthesis as definitive treatment.

Recommend inflatable penile prosthesis implantation. Patient has been counseled regarding perioperative considerations specific to spinal cord injury including autonomic dysreflexia risk, positioning considerations, and infection prevention given his neurogenic bladder. Coordination with his physiatrist (Dr. Chen) for perioperative management.

PLAN: Proceed with penile prosthesis implantation. Pre-operative anesthesia consultation scheduled to address SCI-specific considerations.

Electronically signed by:
Dr. Jennifer Walsh

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Date/Time: September 19, 2025 16:42 PDT