FAX TRANSMISSION

FROM: Advanced Urology Center - Dr. Richard Kumar

TO: Medicare Review Department
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ADVANCED UROLOGY CENTER

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RECEIVED SEP 15 2025

PATIENT: Martinez, Carlos J.
DOB: 11/22/1962 (62 y.o.)

MRN: 726438-UC

DATE: September 12, 2025

CHIEF COMPLAINT:

Complete erectile dysfunction following radical prostatectomy

HX PRESENT ILLNESS:

62 yo male s/p robotic radical prostatectomy for prostate CA (Gleason 3+4) performed 18 months ago (March 2024) by Dr. Henderson at Methodist Hospital. Pt reports complete inability to achieve erections since surgery. PSA undetectable, cancer-free at this time.

Post-op course: Started penile rehab protocol immediately post-surgery. Tried daily tadalafil $5 \, \text{mg} \times 12 \, \text{months}$ - no response. Attempted sildenafil up to $100 \, \text{mg}$ multiple times - minimal tumescence, insufficient for penetration.

Vacuum erection device trial x 6 months - pt found device cumbersome and uncomfortable, unable to maintain erection adequate for intercourse despite proper technique.

PAST MEDICAL HX:

- Prostate adenocarcinoma T2N0M0, s/p radical prostatectomy 3/2024
- Hypertension (controlled)
- Hyperlipidemia
- Pre-op erectile function: normal, no ED issues prior to surgery

MEDICATIONS:

Lisinopril 10mg QD, Atorvastatin 20mg QD, ASA 81mg QD

SURGICAL HX:

- Robotic radical prostatectomy 3/15/2024 (bilateral nerve sparing attempted)
- Appendectomy 1985

SOCIAL:

Married 28 years, non-smoker, occasional EtOH. Retired police officer.

PHYSICAL EXAM:

VS:	BP 128/82, HR 68, Wt 185 lbs	
General:	Well-appearing, NAD	
GU:	Normal male genitalia, healed surgical scars, no masses	
Neuro:	Decreased sensation perineal area consistent w/ post-surgical changes	

DIAGNOSTIC STUDIES:

Penile Doppler US	Poor arterial inflow, minimal venous occlusion response. Consistent with neurovascular injury	
Testosterone	08/18/2025 387 ng/dL (normal)	
PSA	08/18/2025 <0.01 (undetectable)	

ASSESSMENT:

Post-prostatectomy erectile dysfunction (ICD-10: N52.39)

Secondary to iatrogenic neurovascular injury during radical prostatectomy despite nerve-sparing technique. Failed comprehensive penile rehabilitation including oral PDE5 inhibitors and VED.

PLAN & RECOMMENDATION:

Pt is excellent candidate for inflatable penile prosthesis. Has failed all conservative measures over 18-month period. Discussed risks/benefits including infection, mechanical failure, erosion, need for future revision. Patient very motivated and has realistic expectations.

Will proceed with 3-piece inflatable penile prosthesis placement. Pre-op clearance obtained. Surgery scheduled pending authorization.

Richard Kumar ______

Richard Kumar, MD, FACS

Board Certified Urologist

FL License: ME-89473

Date: 9/12/2025

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