

## EVALUATION SUMMARY

Western Section AUA  
 Sunday, Oct. 25, 2009 - 8:00am - 11:30am  
 DVD Surgi-Session

Scale: = POOR / ADEQUATE / EXCELLENT  
 1 2 3 4 5

PROGRAM OBJECTIVES	Total Pts	# Returned	Total Ave Score
Examine minimally invasive approaches to benign and malignant prostate disease.	507	114	4.45
Evaluate the evolution of laparoscopic approaches to kidney damage.	499	114	4.38
Review new minimally invasive surgeries for ureteral pathology.	503	114	4.41

## OVERALL EVALUATION

Increased My Awareness/Understanding of the Subject	513	114	4.50
Will Influence How I Practice	470	114	4.12
Helped Me Improve Patient Care	488	114	4.28
Was Educationally Sound and Scientifically Balanced	503	114	4.41
Avoided Commercial Bias or Influence	511	114	4.48

## Points that will influence the way I will practice:

Consider less method of surgery.  
 Try to use single port-gel-port as a learning step.  
 Become more open-minded to clinical innovature.  
 Consider minimally invasive procedures in ureteral lesions.  
 You can place a second port and still call it "single port" surgery. (ABS 28)  
 The spammer is an alternative to foley catheter.  
 Help me with better patient selction.  
 Greater awareness of MIS.  
 Seems like anythings possible. Wonder about cost? Especially to smaller communities - populations 10-30,000.  
 Minimally invasive treatment of upper tract TCC is becoming the standard of care.  
 Technique for lap partial nephrectary.  
 There are several techniques that I will never use. Authors in 35 incorrectly spelled "vesical" several times.  
 Vessiloop=good idea, even for open surgery.  
 Robotic assist sample prostatectomy feasible, transnoted.  
 Techniques for ureteral neo-cystostomy with the davinci.  
 Consider learning how to do less. Will change to NOTES.  
 Proper positioning of patients.  
 Access.  
 Fluroquinolonn resistance in prostate biopsy.  
 Evolving laproscopic approaches to medical prostatectomy.  
 LESS is advancing and vaginal approaches are moving forward.  
 Will not attempt transvesical enucleation of BPH!!  
 Interesting new technology.  
 Will be able to explain more thoroughly to patient during preducation/preop.  
 Patient counseling of surgical risks of minimally invasive approaches.

**Points that will influence the way I will practice: (Continued)**

Donor nephrectomy is very risky and lowers life length.

Sexual function improves if PDI-5 use port RP.

Hemostatic Gelatin Matrix was interesting.

Transvesical approach to prostate.

Will consider trying single port laparoscopy.

Moderators: Dr. Mirih Desai & Dr. Peter Schulam			
The moderators guided and enhanced this session.	512	114	4.49

**Comments about moderators:**

Excellent.

Well chosen.

Excellent.

Helpful, asked important questions.

Good discussions. Allowed audience participation.

Good questions and comments.

Good job - insightful questions and insights.

Sound system echo. Video crash.

Very informative comments.

Good summary points.

Well Done.

Excellent questions.

All did a good job, kept things moving.

Concise.

Excellent.

Excellent work.

Excellent job.

A bit much of over speaking.

Dr. Desai very helpful.

**Comments about speakers/course content:**

Excellent.

Good.

Knowledgeable.

Hard to hear some without microphone.

Need mic's to hear speakers and questions. Content=> many of the Cleveland Clinic videos have been shown at other meetings and venues. Would like to see new/novel presentations only.

Were organized and presented material.

Appropriate for use in private practice of urology.

Interesting.

Tech issues-need to prescreen films, make sure they run.

Need microphone for audience, needed better audio visual assistance.

Good.

Well done.

No microphone was provided for presenter or for questions.

Very interesting.

Good course.

**Comments about speakers/course content: (Continued)**

Dr. Silberstein did a good job.

**Recommended topics for future meetings:**

Sub video session or featured "Expert" video of step by step procedure. (i.e., "HOLEP", "RARP", "RARC", "lap-partial neph", etc.)

Where safest for Donors? China has (legal) criminal donors?

Open surgery/tranvaporization approaches for BPH.

Urethral recon., continue robotic tip and tricks.

More single port techniques of access and setup.

Need mic's for audience.

No video guide to control the computer except after we asked for one of them to stay.

More seminars like this.

More on LESS.