

EVALUATION SUMMARY

Western Section AUA
 Tuesday, Oct. 27, 2009, 7:30am - 9:45am
 Pelvic Floor Medicine

| | Scale: = POOR / ADEQUATE / EXCELLENT | | | | |
|--|--------------------------------------|-------------------|------------------------|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| PROGRAM OBJECTIVES | Total Pts | # Returned | Total Ave Score | | |
| Discuss a variety of treatment options and outcomes of pelvic floor reconstruction. | 927 | 208 | 4.46 | | |
| Understand the pros and cons of treatment options for male incontinence. | 936 | 208 | 4.50 | | |
| Discuss the management of complications related to mesh used in pelvic floor reconstruction. | 933 | 208 | 4.49 | | |

OVERALL EVALUATION

| | | | |
|---|-----|-----|------|
| Increased My Awareness/Understanding of the Subject | 935 | 208 | 4.50 |
| Will Influence How I Practice | 882 | 208 | 4.24 |
| Helped Me Improve Patient Care | 911 | 208 | 4.38 |
| Was Educationally Sound and Scientifically Balanced | 930 | 208 | 4.47 |
| Avoided Commercial Bias or Influence | 923 | 208 | 4.44 |

Points that will influence the way I will practice:

Consider urodynamics on more patients.
 To treat female sex dysfunction more aggressively.
 Consider testosterone in male for pelvic pain.
 Mesh relatively safe.
 Consider male sling and artificial urinary sphincter for post-prostatectomy incontinence.
 Urodynamics recommended prior to incontinence surgery- post-prostatectomy urinary incontinence.
 Place cuff more proximally on urethra.
 Make sure all risk of Mesh are discussed with patient.
 Use of new materials.
 Male sling options - will do the newest.
 Do male slings.
 Mesh complications are varied.
 Increased discussion of male slings.
 Less use of mesh.
 Don't use sling for treatment.
 Warn patients about rate if complications of Mesh.
 Will be more vigilant regarding subjective complaints following mesh placement.
 Measuring androgen levels in women.
 Do not use male sling for patient treatment.
 Sacrocolpopexy preserves vaginal capacity.
 Consider free T testing in Males.
 Learned about 3 year followup on radiofrequency in women and SUT.
 Testosterone deficiency occurs in women; "no" biological materials or bone anchors for male slings.
 The risk of erosion of the male sling is lower than AUS(artificial urinary sphincter).

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

Evaluate use of cadaveric fascia for rectocele repair.
 Artificial Urinary Sphincter still good stand.
 I have never used mesh or sling in my pelvic reconstruction procedures-including total prolapse.
 Give preop estrogen cream in cystocele repair.
 Still no consensus on this topic.
 Probably avoid Renessa.
 Use of the male sling/post-prostatectomy.
 Give patient more options.
 I will be more cautious in how I counsel patients regarding use of mesh.
 Make me more intune for dealing with female sexual dysfunction.
 Consider treatment for female sexual dysfunction and testosterone adjunct.
 May use more male slings.
 No bone anchors.
 Using slings.
 Degree of apeial decent influencing magnitude of cytocyle.
 AUS still gold standard.

| | | | |
|--|-----|-----|------|
| Irwin Goldstein, M.D. | | | |
| The presenter demonstrated current knowledge of the topic. | 972 | 208 | 4.67 |
| Craig Comiter, M.D. & Gary Leach, M.D. - Point Counterpoint | | | |
| The presenter demonstrated current knowledge of the topic. | 985 | 208 | 4.74 |
| Larissa Rodriguez, M.D., Michael Albo, M.D., Chris Twiss, M.D. - Expert Panel | | | |
| The presenter demonstrated current knowledge of the topic. | 973 | 208 | 4.68 |
| Moderators: Dr. Alvaro Lucioni, Dr. Michael Albo, Dr. Fred Govier, Dr. David Ginsberg | | | |
| The moderators guided and enhanced this session. | 969 | 208 | 4.66 |

Comments about moderators:

Professional.
 Outstanding.
 Good questions to presenters.
 Excellent;kept presentors on time.
 The sessions were well moderated and kept on time.
 Very good - kept program on time - good questions.
 Good.
 Excellent session.
 Various, nice job of managing the speakers and guiding the discussion.
 Good.
 Good job.
 All good.
 Good.
 Excellent discussion about patient cases.
 Kept things on time.
 Very good.
 Microphones need to be turned up in volume.
 Very knowledgeable.

Comments about moderators: (Continued)

Good job.
All excellent.
Well balanced discussions.
Did a great job.
Good.
Excellent.
Level, good thought process.
All had good points to add.
Well organized.
Good job.

Comments about speakers/course content:

Outstanding.
Well done.
Great; like Dr. Comiter's presentation, always humorous.
Dr. Goldstein tried to cover too much.
Concise-but need to stay on time.
Excellent.
Good.
Great information from Dr. Goldstein, but too fast.
All good. Dr. Goldstein, outstanding! Dr. Comiter, great!
All very good.
Some speakers had thin-whispering voices, despite microphone still difficult to hear.
Good relative studies.
Dr. Goldstein seemed to use a previous lecture & just rushed thru slides to meet the 30 mins- instead of decrease the number of slides.
Very informative.
Handouts?
Excellent.
Dr. Comiter v. Dr. Leach went overtime. Some of the panelists confuse rename generation with patient care.
Dr. Craig Comiter was fantastic.
Very good.
Too much about prosthetics material.
Dr. Irwin Goldstein rocks!
Dr. Goldstein speaks and flips through slides way too fast.
Informative.
Dr. Goldstein had obvious commercial interest that he did not disclose.
Dr. Goldstein had a lot to say in 30 minutes-would have been better if presentation was allotted more time.
Good job.
Excellent talk from Dr. Goldstein, Comiter, & Leach.
Dr. Goldstein, very good. Comiter & Leach, very good.
Couple went over time but still good.
The point counterpoint was very well done.
Dr. Comiter is a great speaker.
Enjoyed humor factor of Dr. Comiter.
Counterpoint was excellent.

Recommended topics for future meetings: (Continued)

More on female sexual dysfunction.

Detailed anatomy and physiology of pelvic floor with model. (normal & disease)

Treatment of Nocturia.

Continue the same topics.

More on sexual problems in women.

Same, just update it. Stay on time. Taking time from the exhibitors is rude.

Antibiotic AUS (artificial urinary sphincter)

Non-prosthetic techniques for anti-incontinence. Over correction of bladder neck by obilate obstruction.

Would like to learn more on Apical support.

New male exams.

Neuromodulation.

Compare different slng kits. (commercial)