

## EVALUATION SUMMARY

Western Section AUA  
 Tuesday, October 28, 2008 - 7:30am - 9:45am  
 Incontinence / Neurourology

	Scale: = POOR / ADEQUATE / EXCELLENT				
	1	2	3	4	5
PROGRAM OBJECTIVES	Total Pts	# Returned	Total Ave Score		
Discuss various treatment options for overactive bladder.	912	209	4.36		
Describe current management applications of stress incontinence and pelvic prolapse.	854	209	4.09		
Summarize currently reported outcomes for pelvic floor dysfunction.	868	209	4.15		

### OVERALL EVALUATION

Increased Awareness of Subject	913	209	4.37
Will Influence How I Practice	908	209	4.34
Helped Me Improve Patient Care	914	209	4.37
Was Educationally Sound and Scientifically Balanced	914	209	4.37
Avoided Commercial Bias or Influence	899	209	4.30

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

Bulking agents do not work for ISD.  
 Validates my current surgical techniques.  
 Treatments for overactive bladder.  
 Choose between medical or surgical options.  
 Use of slings.  
 The male sling deserves serious consideration when appropriate.  
 Will use male/penneal slings more.  
 No clear approach to tailed sling.  
 Significantly impacted my perspective on synthetic slings.  
 The evidence-based data for a treatment is not very good.  
 May do SP approach vs. T.O. approach for failed sling.  
 DO occurs regularly after AUS for male SUI.  
 Treatment of failed sling.  
 In Vance sling might be good consideration for boys with spina bifida.  
 Less likely to use injectables as salvage.  
 Better knowledge of male sling.  
 Improve pre-op evaluation for success.  
 Offer more options.  
 Modification of placement of in Vance sling.  
 The spiral sling can be used for persistent SUI after sling.  
 Re-informed knowledge of sling procedures.  
 Concept of spiral sling.  
 Consider circumferential repair for urethral sling failure.  
 Plan more thorough urodynamics in evaluation of incontinence.  
 Treatment of incontinence.  
 Use of nerve hook to locate sling in patients w/persistent retention after PWS surgery.  
 Consider using a sling in male patients. Look into using oxybutymin gel in pediatric patients.  
 Use of spiral sling looks to be a reasonable operation.

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

Perform more urodynamics.  
 Management of obstructed slings.  
 Use more urodynamics.  
 Increase use of urodynamics testing.  
 Investigate TUT more.  
 SPARC vs. TUT.  
 Use suprapubic approach for re-operative urethral sling surgery.  
 Now consider use of spiral sling in the treatment of recurrent SUI.  
 Role of solifenacin in BOD.  
 No sling in cystocele repair patient, if no pre-op USI.  
 Industry should not present primary data.  
 State of Art lecture should focus on breadth of field instead of emerging technology.  
 Pudental nerve stimulation seems more effective than sacral.  
 Better understanding of muscarinies and surgical treatment of recurrent stress incontinence.  
 Gel-for of oxybutynin showing promise in pharma co kinetic trials. May replace patch.  
 Treatment of recurrent stress incontinence.  
 Topical oxybutynin may be promising.  
 Use of nerve hook to locate sling that is too tight.  
 Less consideration for use of collagen periuthral injection.  
 Reevaluate using REA for SUI.  
 Urge incontinence must be defined before and after AUS in post prostatectomy patients.  
 Patient reported outcomes are better than physicians reported outcomes.

#### Moderators

The moderators guided and enhanced this session.	863	209	4.13
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#### Comments about moderators:

Could use a little more excitement so as to hear the inflection in the voice.  
 Good experienced panel.  
 Kept forum on schedule.  
 Outstanding.  
 My interest lies here.  
 Good choices.  
 Good.  
 Kept in time well.  
 Good.  
 I was one of the moderators. Thought it went well.  
 Craig Comiter had excellent presentations.  
 Insightful questions, good job keeping the flow of the program on track.  
 Good job! Timely session.  
 Excellent.  
 Good Job.  
 Excellent.  
 Good job.  
 Fine.  
 Keep pace on track well.  
 Good job.  
 Great panel!  
 Excellent session.  
 Very knowledgeable. Helped flow.  
**Comments about moderators: (continued)**

Good job.  
Excellent point / counter point session.  
Excellent and kept program on time.  
Very good point-counter point!  
Expert panel & point-counter point very helpful.  
Needed more discussion on oral OAB needs in community practice.

**Comments about speakers/course content:**

Dr. Rodriguez was knowledgeable and informative.  
Carl Luber was outstanding.  
Need to use box screens for slides if possible-enforce. Use at mics for questions. Announce NO cell phones.  
My interest lies here.  
Good topics.  
Great counterpoint discussion.  
Excellent session. The panel discussion could have been more controversial but overall outstanding session.  
Good.  
I felt this was a strong group of talks!  
Very good.  
Dr. Rodriguez was very good speaker.  
Excellent panel discussion, but prolapse case should have been permitted to have more time.  
Generally good.  
Comiter great presentation/summary.  
Slides not in order for point/counterpoint.  
Excellent.  
The idiots with the cell phones and pagers should be fines \$10 for each disturbance with the money donated to a local charity. A couple pretty weak papers here.  
Great presentation by Comiter & Rodriguez. Wish we could have the slides.  
Would like to learn more from Drs. Comiter & Rodriguez.  
Very good.  
Excellent overview.  
Good mix of speakers papers.  
Very knowledgeable about their topics. Would have liked a better panel discussion for urinary incontinence cases.  
More commercial bias than in previous years.  
I would like it to be very clear, concise and organized as presented.  
Great coverage of overactive bladder.

**Recommended topics for future meetings:**

Discuss all ages.  
More GYN guests.  
More of same.  
Pediatric incontinence.  
More point/counter point; audience opinions.  
More brief videos on some of the techniques discussed, including more of the urodynamic testing done.  
More talks on male slings, please.  
Medical therapy for OAB.  
Robotics in urogynecology and incontinence.