

EVALUATION SUMMARY

Western Section AUA

Sunday, October 26, 2008 - 9:30am - 11:30am

Poster Session II: Bladder/Kidney/Ureter

	Scale: = POOR / ADEQUATE / EXCELLENT				
	1	2	3	4	5
PROGRAM OBJECTIVES	Total Pts	# Returned	Total Ave Score		
Assess different techniques for PCNL and better understand management of complications.	565	134	4.22		
Summarize management techniques for renal trauma.	571	134	4.26		
Examine the different managements for urinary incontinence.	574	134	4.28		

OVERALL EVALUATION

Increased Awareness of Subject	591	134	4.41
Will Influence How I Practice	565	134	4.22
Helped Me Improve Patient Care	563	134	4.20
Was Educationally Sound and Scientifically Balanced	614	134	4.58
Avoided Commercial Bias or Influence	602	134	4.49

Points that will influence the way I will practice:

- Look at how I approach key patients.
- May do TOT over TVT/Sparc for ISD as equivalent outcomes.
- More conservative in renal trauma.
- Consider other options for bladder cancer.
- Better understood cost analysis for robotic cystectomy.
- Feel more comfortable with PCNC.
- Increased understanding of renal trauma management.
- Conservative Rx of renal trauma - patients do better and less complicated.
- New PCNC data.
- Better understanding of management of complications of PCNL.
- Understanding more about renal trauma.
- Nothing new in recent years.
- Use percutaneous nephrectomy more often than before.
- Increase my understanding of robotic renal cystectomy.
- Oxygel may be useful.
- Tubeless PCNL looks reasonable.
- Use ureteral antiretropic reviews for TOT for ISD.
- Learn what the standards are and see how we practice.
- Robotic cystectomy is a viable option for bladder cancer.
- The use of angio embolization for renal bleeding.
- I will be more willing to do laser ablation on prostate before brachy therapy.
- Use of bone windows on CT is more accurate to measure stone size.
- Place supra costal PNL port.
- Tubeless PCNL seems to be a proven technique.
- Early robotic cystectomy less costly than open cystectomy.
- Be wary of negative cystology / FISH test in patients with urinary diversions.
- Supra costal nerve / vessel anatomy.
- Use of robotic surgery.
- Good results in cadaveric fascia.
- Good knowledge of post renal trauma embolization therapy and results.

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

Embolization of renal trauma.

Anticholinergics may have a protective role in bladder decompensation.

Moderators

The moderators guided and enhanced this session.	476	134	3.55
--	-----	-----	------

Comments about moderators:

Well moderated session - moderators did a good job keeping on time.

Good.

Less active and involved than expected.

Excellent job at time control.

Fine.

Informative.

Good job.

Dr. Humphries did a great job.

Excellent like usual.

Dr. Kobashi excellent.

Diverse in background. Good choices. Not knowledgeable in all areas but probably due to diverse subject matter.

Comments about speakers/course content:

Excellent talks on trauma!

Too mixed up. Incontinence should be in voiding dysfunction session.

Very good session. Good discussions.

Informative.

Good job.

Excellent like usual.

Why is voiding dysfunction included in this session?

Good.

Recommended topics for future meetings:

Trauma/Reconstruction.