

EVALUATION SUMMARY

Western Section AUA
 Tuesday, October 28, 2008 - 10:30am - 12:00pm
 Sexual Medicine

	Scale: = POOR / ADEQUATE / EXCELLENT				
	1	2	3	4	5
PROGRAM OBJECTIVES	Total Pts	# Returned	Total Ave Score		
Compare the efficacy of a newer generation of PDE5 inhibitors in the management of erectile dysfunction.	880	199	4.42		
Assess the role of vacuum erection devices to treat erectile dysfunction after failed trial of PDE5 inhibitors.	866	199	4.35		
Appraise the role of vulvoscopy in the evaluation of women with sexual health problems.	811	199	4.08		

OVERALL EVALUATION

Increased Awareness of Subject	875	199	4.40
Will Influence How I Practice	823	199	4.14
Helped Me Improve Patient Care	842	199	4.23
Was Educationally Sound and Scientifically Balanced	864	199	4.34
Avoided Commercial Bias or Influence	861	199	4.33

Points that will influence the way I will practice

Enjoyed the info on bicycle/exercise on ED.
 Info on new PED5 inhibitor - nice to have potential new option. May perform more vulvoscopy - though how exactly it will manage is questionable (#012- Julie A. Chacko)
 Use broad seat for bicycling.
 Learned what penile - extending device was.
 I will use loupes to examine female anatomy. Continue VED use for rehab.
 Encourage wide saddle for bike riders.
 VED strategies.
 Avanafil is a new fast-acting pDE5 inhibitor.
 Bicycling can be bad.
 Importance of vulvoscopy check for penile trauma.
 Use of AMS LGX prior to penile implant.
 Use wide nose less bicycle seats without cutout.
 Vulvoscopy.
 Testosterone injection does not increase PSA.
 I will start using the VED before prosthesis implantation.
 I am in trouble with bike riding.
 Avoid bike seats.
 Bike riding has a strong influence on E.D.
 More penile rebuf.
 Looking forward to new PDE5.
 I'll never ride a bike again.
 Use VED more.
 Value of VED.
 Changing seat on bicycle.

Might try technique in my practice.
 Info on bicycle seats and impotence interesting. Vulvoscopy?
 Ask younger men about their bike riding practices.
 Combination of VED and PDE inhibitors when oral meds alone fail.
 Vulvoscopy role in practice.
 Vulvoscope widely available - is new urology tool.
 Role vulvoscopy for dysparenum.
 Significance of the role on bicycles.
 Will recommend "nose less" bicycle seat. Also combination use of PDE5 I & VED and failing trial of PDE5 I alone.
 Vulvoscopy can help identify pathology in women with sexual dysfunction.
 Pay closer attention to vaginal exam on women with dyspararia. Better able to educate patients on effects of bicycle seats.
 Use of VED prior to implanting I.P.P.
 Perineal Pressure.
 Consider greater inspection of the vulva for females presenting sexual dysfunction.
 Provide pre-treatment sexual questionnaire to prostate cancer patients.
 Utilize questionnaire for evaluation of ED.
 Vulvoscopy valuable for sexual complaints.
 Watch for new PDE5 inhibitors availability.
 Need to get a vulvoscope.
 New appreciation of vulvoscopy in female sexual health.
 Magnification exam is important in female sexual dysfunction evaluation.
 Bike riding may rouse impotence - need to be aware of this in younger men complaining of ED.
 Cut off "nose" of bicycle seat to save your "penis".
 Increased knowledge of prox. Vas. Fluid during vasovasectomy.
 More aggressive use of non oral therapy.
 Bicycle use may cause ED.
 IM testosterone should be considered seriously for hypogonadal male.
 Newer medications for ED.

Irwin Goldstein, M.D. - State of the Art

The speaker demonstrated current knowledge of the topic.	869	199	4.37
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Moderators

The moderators guided and enhanced this session.	790	199	3.97
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Comments about moderators:

Good.
 Please do something about the use of cell phone noise during the presentations - is rude and intolerable.
 Great session.
 Good questions.
 We should make stronger case against bicycle seats!
 Excellent balancing of speaker ideas.
 Good.
 Always enjoy Dr. Goldstein.
 Respected experts, good questions.
 Good.
 Asked good questions.
 Irwin is great!

Thoughtful and kind.
Fair and asked good questions.
Good discussion.
Brilliant.

Comments about speakers/course content:

Dr. Goldstein was outstanding.
More cell phones interrupting course of meeting. Very distracting! Rude!
Should turn his damn phone off.
Excellent state of the art lecture.
Dr. Goldstein is bright, but too religious in zeal for his own (often speculative) ideas. It is hard to take all that he says seriously due to his approach.
Would like more on female sexual medicine.
Interesting vulvoscopy presentation.
Good choices for presentations - good variety and relevance.
Good.
More in depth on female sexual dysfunction would be helpful.
Good.
Dr. Goldstein's talk was excellent.
Great talk.
Goldstein too dogmatic, Industry bias in his remarks.
Irwin is in a class by himself - whether he's right or not - who knows?
More Irwin!
Dr. Goldstein is a winner.
Covered the subject matter well.
Great presentation.
Irwin did not talk about rodeo riders and saddles.
Dr. Goldstein's talk about bicycling and ED was very informative.
Great talk on perineal pressure.
Good group, very entertaining course on bicycle riding.
Absolutely enjoyed this topic. Dr. Goldstein is brilliant!