

Anorectal / Ernestine Hambrick Lectureship

Objectives: Upon completion of this session, participants should be able to: (30) understand the technical steps and results of AFP insertion; (31) determine whether the duration of a draining seton influences the outcome of a subsequent advancement flap; (32) evaluate the success rate of a repeat transanal advancement flap repair and to assess the impact of such a second procedure on the overall healing rate of high transsphincteric fistulas and on fecal continence; (33) describe the difference in presentation of MRSA positive perianal abscesses versus MRSA negative abscesses; (34) understand the technique for and results of treating anal squamous intraepithelial neoplasia with the infrared coagulator. Participants will understand the superiority of results in HIV-negative patients as opposed to HIV-positive patients; (35) analyze the long term results after PPH and correlate them with Milligan -Morgan procedure; (36) appreciate at least two factors that can improve outcome after primary repair of Obstetric sphincter injuries; and (37) understand the importance of physiological study in patients with anal fissure; anal pressures can be reduced by treating the fissure and not cutting the muscle.

- ❶ Speaker Evaluation—Please evaluate only those speakers you have heard according to the following scale:
(1 = poor; 2 = fair; 3 = good; 4 = excellent)

<i>Speaker/Topic</i>	<i>Met Objectives</i>	<i>Content</i>	<i>Effectiveness of Teaching/Learning Methods</i>	<i>Interest of Topic</i>	<i>Applicability to Your Practice</i>	<i>Quality of AV Material</i>	<i>Bias?</i>	<i>Invite Again?</i>	<i>For office use only</i>
S-30 Efficacy of Anal Fistula Plug in Closure of Complex Cryptoglandular...							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	196
S-31 The Duration of Indwelling Draining Setons Influences the							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	197
S-32 Impact of Repeat Transanal Advancement Flap Repair on the ...							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	198
S-33 MRSA-related Perianal Abscesses: An Under-recognized Disease Entity							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	199
S-34 Infrared Coagulator Ablation of High-grade Anal Squamous							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	200
S-35 PPH and Milligan Morgan in the Cure of Hemorrhoids: Long...							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	201
S-36 Operative Technique and Expertise Influence Outcome after							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	202
S-37 Manometric Analysis of Anal Pressures in Patients with Chronic							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	203
*Past, Present & Future of Colon							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	204
Lester Rosen, MD									

- ❷ Overall Evaluation of Importance of Session (4 = very; 3 = moderate; 2 = little; 1 = not at all) _____
- ❸ Do you intend to make any changes in your practice or patient care as a result of this activity? Yes _____ No _____
- If Yes, how? Comment _____
- ❹ Did the speaker(s) make proper disclosure of potential conflict of interest, and clarification to audience of faculty relationship with industry and nature of that relationship? Yes _____ No _____
- ❺ Did you perceive industry bias for or against commercial product(s), services, or commercial supporter of this activity? Yes _____ No _____ If Yes, please comment; e.g., scientific balance, objectivity, etc.
- Comment _____
- ❻ Did the speaker(s) disclose with respect to FDA Off-Label use? Yes _____ No _____
- If NO, please comment _____
- ❼ What related topics should be addressed at future ASCRS meetings?
- ❽ Comments:
- ❾ Name (please print) optional: _____

Please complete and return this evaluation to the ASCRS along with your test results