

## Pelvic Floor / Parviz Kamangar Humanities in Surgery Lectureship

**Objectives:** Upon completion of this session, participants will be able to: (38) determine and understand the significance of using sacral nerve neuromodulation as primary treatment of faecal incontinence secondary to disrupted anal sphincters; (39) understand the role of injectable silicone biomaterial in treating passive fecal incontinence; understand the role of reinjection of injectable silicone biomaterial for passive fecal incontinence; (40) decide the best management for women with fecal incontinence due to obstetric sphincter injury; (41) evaluate fecal incontinence and understand the importance of the fecal incontinence severity index; (42) determine the effect of fecal incontinence (FI) severity and associated symptoms on FI-specific quality of life; (43) updated on results, complications and contraindications of this new procedure; (44) understand the difference in outcome between transperineal and transrectal repair of rectocele and decide which one to use in each case; and (45) identify those factors which contribute to the functional outcome after CPA.

- ① 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-38 Sacral Nerve Stimulation as Primary Treatment for Faecal ...							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	274
S-39 Long-term Results of Injectable Silicone Biomaterial for Passive.....							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	275
S-40 Outcome of Surgical vs. Nonsurgical Management of Fecal ....							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	276
S-41 Does Incontinence Severity Correlate with Quality of Life?							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	277
S-42 Health-related Quality of Life in Patients Presenting for Evaluation.....							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	278
S-43 Factors Predicting Outcome after Stapled Transanal Rectal Resection ...							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	279
S-44 Transperineal vs Trans-rectal Repair of Rectocele in Obstructed .....							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	280
S-45 Impact of Neo-rectal Wall Properties on Functional Outcome after...							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	281
*Surgeons' Disclosure of Harmful ..... <b>Thomas H. Gallagher, MD</b>							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	282

- ② Overall Evaluation of Importance of Session (4 = very; 3 = moderate; 2 = little; 1 = not at all) \_\_\_\_\_
- ③ 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 \_\_\_\_\_
- ④ 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 \_\_\_\_\_
- ⑤ 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 \_\_\_\_\_
- ⑥ Did the speaker(s) disclose with respect to FDA Off-Label use? Yes \_\_\_\_\_ No \_\_\_\_\_
- If **NO**, please comment \_\_\_\_\_
- ⑦ What related topics should be addressed at future ASCRS meetings?
- ⑧ Comments:
- ⑨ Name (please print) optional: \_\_\_\_\_

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