“Complications of Pelvic Reconstructive Surgery”
Program Chair: Kathleen C. Kobashi, MD

12:00 p.m. – 12:10 p.m. Welcome and Introduction
Kathleen C. Kobashi, MD

12:10 p.m. – 12:30 p.m. State of the Art: History of Pelvic Floor Reconstruction: How Did We Get Here?
Gary E. Lemack, MD

12:30 p.m. – 12:45 p.m. FDA Update
J. Christian Winters, MD

12:45 p.m. – 2:15 p.m. COMPLICATIONS OF FEMALE PELVIC FLOOR RECONSTRUCTION
Moderator: Craig V. Comiter, MD

12:45 p.m. Overview
Craig V. Comiter, MD

12:55 p.m. Complications of Slings
Roger R. Dmochowski, MD

1:15 p.m. Postoperative Voiding Dysfunction
Victor W. Nitti, MD

1:35 p.m. Graft-Related Complications (any type)
Sandip P. Vasavada, MD

1:55 p.m. Complications of Prolapse Repair
E. Ann Gormley, MD

2:25 p.m. Break

2:25 p.m. – 3:00 p.m. THE “CLINICAL DILEMMA” PANEL
Case Presentations in Female Pelvic Reconstructive Surgery
Moderator: Eric S. Rovner, MD
Panelists: Gregory T. Bales, MD
David R. Staskin, MD
Nirit Rosenblum, MD

3:00 p.m. – 4:00 p.m. MALE RECONSTRUCTION PANEL
Case Presentations
Moderator: R. Duane Cespedes, MD
Panelists: Angelo E. Gousse, MD
Fred E. Govier, MD
Ajay K. Singla, MD

4:00 p.m. Adjourn
Needs:
Over the past decade, attention to quality of health issues such as urinary incontinence, voiding dysfunction and pelvic organ prolapse has grown. Accordingly, the number of pelvic reconstructive procedures, both male and female, has increased exponentially, and the number of practitioners performing pelvic floor reconstruction has increased tremendously. The primary need in the pelvic reconstructive surgery realm is due to the rapid increase in the sheer number of procedures being performed. Complications related to both male and female reconstructive techniques have begun to surface with the wave of providers facing the complications occurring slightly behind the frontline of providers performing the procedures. Management of the complications has evolved as they have presented and as the providers in the field have learned the pitfalls of various management approaches.

Objectives:
At the conclusion of this meeting, attendees should be able to:
1) Describe the advantages and disadvantages of a variety of pelvic floor reconstructive techniques and adjunctive materials.
2) Identify potential complications related to male and female pelvic reconstructive surgery.
3) Describe proper and thorough preoperative counseling of patients regarding the risks, benefits, and alternatives of pelvic floor reconstruction.
4) Utilize an appropriate index of suspicion for complications related to pelvic floor reconstructive surgery.
5) Illustrate proper and thorough evaluation of the patient suspected to have complications related to pelvic floor reconstruction.
6) Practice the management of complications related to pelvic floor reconstruction and/or be comfortable with referral to a specialist.
7) Describe the current stance of the FDA and pelvic floor surgeons on synthetic materials utilized in pelvic floor reconstruction.

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QUESTIONS?
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