May 12, 2017 | 12:30 p.m. - 4:30 p.m. | Boston, Massachusetts
Boston Convention & Exhibition Center
Program Chair: Craig V. Comiter, MD

All Sessions located in Room 205 BC, unless otherwise noted. Programming is subject to change.

FRIDAY, MAY 12, 2017

12:30 p.m. - 12:35 p.m. Welcome and Introduction

12:35 p.m. - 12:55 p.m. What You Need to Know about Treating Interstitial Cystitis
Speaker: Christopher K. Payne, MD

12:55 p.m. - 1:05 p.m. Update: SUFU Recommendations on the Use of Antibiotics with UDS
Speaker: Michael J. Kenelly, MD

1:05 p.m. - 1:35 p.m. Panel: Initial Treatment for SUI in the Index Patient
PVS
Panelist: Jerry G. Blaivas, MD
Periurethral Bulking
Panelist: Ouida L. Westney, MD
Pelvic Floor Muscle Training for SUI
Panelist: Diane Newman, DNP
Mid Urethral Synthetic Sling
Panelist: Arthur P. Mourtzinos, MD, MBA

2:00 p.m. - 2:25 p.m. Point-Counterpoint: Retention After Midurethral Sling

1:35 p.m. - 1:40 p.m. SUFU Foundation OAB Clinical Care Pathway
Speaker: Stephen R. Kraus, MD

1:40 p.m. - 2:00 p.m. Chemodenervation VS Neuromodulation - Point-Counterpoint: Refractory Urge Incontinence - Which Comes First
Chemodenervation
Speaker: David A. Ginsberg, MD

2:25 p.m. - 2:40 p.m. Overactive Bladder and Incontinence
Moderator: Stephen R. Kraus, MD

2:40 p.m. - 3:05 p.m. Chemodenervation VS Neuromodulation - Point-Counterpoint: Refractory Urge Incontinence - Which Comes First
Neuromodulation
Speaker: Suzette E. Sutherland, MD, MS, FPMRS

3:05 p.m. - 3:20 p.m. SUI Panel: Initial Treatment for SUI in the Index Patient

3:20 p.m. - 3:40 p.m. SUFU Foundation OAB Clinical Care Pathway
Speaker: Stephen R. Kraus, MD

3:40 p.m. - 4:10 p.m. Management of Recurrent UTI and Older Adults
Speaker: Tomas L. Griebling, MD, MPH

4:10 p.m. - 4:30 p.m. Management of the Exposed Sling
Speaker: Howard B. Goldman, MD

4:30 p.m. Adjourn
Educational Needs and Objectives

**Educational Needs**
A sub-specialist in Female Pelvic Medicine and Reconstructive Surgery is a physician in Urology or Obstetrics and Gynecology who, by virtue of education and training, is prepared to provide consultation and comprehensive management of women with complex benign pelvic conditions, lower urinary tract disorders, and pelvic floor dysfunction. Comprehensive management includes those diagnostic and therapeutic procedures necessary for the total care of the patient with these conditions and complications resulting from them. However, Female Pelvic Medicine and Reconstructive Surgery problems remain in the purview of the general urologist. The problems that affect women – such as voiding dysfunction, urinary incontinence, pelvic organ prolapse, urinary tract infection, and bladder pain syndrome – have significant medical, economic, and social impacts, yet the ideal management of even the most common conditions often remains controversial. This program will provide participants with evidence-based information on how to evaluate and treat patients with common FPMRS diagnoses.

**Educational Objectives**
At the conclusion of the SUFU at the AUA 2017 Annual Meeting, attendees should be able to:
- Evaluate various management options for bladder pain syndrome, recurrent urinary tract infections, and anterior vaginal wall prolapse.
- Describe the indications for and role of urodynamics in evaluating the patient with voiding dysfunction, and know when urodynamic evaluation is not necessary in the evaluation of the incontinent patient.
- Explain the role of antibiotics in the patient undergoing urodynamic testing and in the patient with recurrent urinary tract infections.
- Formulate individualized management plans for the patient with simple stress urinary incontinence and for the patient with refractory urgency incontinence.
- Compare the risk and benefits of non-operative (pessary) versus operative intervention for anterior vaginal wall prolapse.
- Manage the patient with complications following sub-urethral sling surgery, including urinary retention and vaginal extrusion of mesh.
- Evaluate the pregnant woman with urologic complaints, and create a treatment plan that minimizes risk to the developing fetus.
- Explain the role of antibiotics in the patient undergoing urodynamic testing and in the patient with recurrent urinary tract infections.

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- Limit content to evidence with no recommendations
- Introduction of a debate format with an unbiased moderator (point-counterpoint)
- Inclusion of moderated panel discussion
- Publication of a parallel or rebuttal article for an article that is felt to be biased
- Limit equipment representatives to providing logistics and operation support only in procedural demonstrations
- Divestiture of the relationship by faculty

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