

Benign Colorectal

Wednesday – 10:30– 11:50 am

Objectives: Upon complete of this session, participants should be able to: (46) develop a plan for implementation of a protocol targeting surgical site infection in colorectal surgery; (47) identify risk factors for anastomotic leak following right-sided colonic anastomoses; (48) assess the value of a predictive score of mortality after colorectal surgery; (49) critically assess the role of percutaneous drainage in the management of patients with Hinchey stage II diverticulitis; (50) appreciate the short-term safety and efficacy as well as long-term durability of super-selective embolization in the treatment of lower GI bleeding; (51) understand the risks of ischemic colitis following endovascular repair of abdominal aortic aneurysm; (52) identify the significant impact of colon and rectal injuries in terms of morbidity and mortality in the trauma patient; identify the prevalence, location, and associated injuries, and stomal prevalence in the patient with a colon and rectal injuries; identify independent associations of colon and rectal injuries with both mortality and leak rates; and (53) assess the need for fecal diversion in patients with penetrating rectal trauma.

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-46 Efficacy of Protocol Implementation on the Incidence of Surgical...							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	283
S-47 Risk Factors for Anastomotic Leak following Right-sided							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	284
S-48 The “AFC-score”: Validation of a four-item Predicting Score of ...							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	285
S-49 Percutaneous CT Scan-guided Drainage vs. Antibiotherapy Alone							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	286
S-50 The Efficacy and Durability of Super-selective Embolization in the.....							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	287
S-51 Decreased Incidence of Colonic Ischemia after Repair of Ruptured...							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	288
S-52 Colorectal Injuries during Operation Iraqi Freedom: Are There							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	289
S-53 Management of Penetrating Injuries of the Extraperitoneal Rectum.....							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	290

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