2015
UROGYNECOLOGY
CONFERENCE

September 11, 2015
Hilton Garden Inn - Albany Medical Center
62 New Scotland Avenue, Albany, NY 12208

Sponsored by The Department of Ob/Gyn at Albany Medical College
and the Office of Continuing Medical Education
Course Description

Pelvic floor disorders affect 20% of women at some point in their lifetime. They have been underdiagnosed and under-treated. The reasons for this include lack of appropriate screening by health care providers, lack of understanding of treatment options by providers, as well as the fact that many women do not bring this issue to health care providers’ attention because of embarrassment. The goal of this conference is to provide an overview of pelvic floor disorders including diagnostic strategies and treatment options. We will present an update on the literature for several of the topics, as well as practical tips for management.

Learning Outcomes

Upon completion of this conference, participants will be able to:

• Describe signs and symptoms of prolapse.
• Discuss how to screen for prolapse.
• Discuss the use of pessaries, including tips for difficult cases.
• Discuss laparoscopic and vaginal approaches to prolapse repair.
• Discuss decision-making when choosing a surgical approach for prolapse repair.
• Discuss screening strategies for incontinence.
• Differentiate between the types of incontinence.
• Discuss surgical and nonsurgical management of incontinence.
• Review treatment strategies for constipation.
• Review signs and symptoms of defecatory dysfunction.
• Discuss testing strategies for defecatory disorders.
• Review conditions that can be treated with PT.
• Discuss PT treatment options.
• Review the use of grafts in pelvic floor surgery.
• Discuss surgical and nonsurgical management of graft complications.
• Discuss common etiologies of pelvic pain.
• Review the treatment strategy of bladder pain syndrome/interstitial cystitis.

Target Audience

This conference will be of interest to physicians, nurse practitioners or physician assistants in primary care, gynecology or urology who care for female patients.

Accreditation

Albany Medical College is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Albany Medical College designates this Live activity for a maximum of 5.5 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

AAPA accepts Category 1 credit from AOACCME, Prescribed credit from AAFP, and AMA Category 1 CME credit for the PRA from organizations accredited by the ACCME.

An application has been filed with the American Academy of Family Physicians. Determination of credit is pending.

Other: Please call the Office of CME at (518) 262-5828 to inquire about other types of professional credit.

Tuition

By August 21 After August 21
Physicians $125.00 $175.00
Residents, Students, All Other Health Care Professionals $75.00 $125.00

Tuition includes course registration, access to the on-line syllabus, a continental breakfast, lunch, and beverage breaks.

Refund Policy

All refunds are subject to a $35.00 service charge. Refunds will be processed once written notification of cancellation is received.
All registrants will receive a confirmation card in the mail or via e-mail. If you do not receive this prior to the conference, please call the Office of CME at (518) 262-5828 to confirm that we have received your information.

For further information, please contact Marlena Schreifels in Office of Continuing Medical Education by phone at (518) 262-5828, by fax at (518) 262-5679 or by e-mail at schreim@mail.amc.edu. For emergency calls during the conference, please call the Office of Continuing Medical Education or the Alden March Bioethics Institute at (518) 262-5828 or (518) 262-6082.

Visit the Albany Medical Center website at www.amc.edu.

**Special Needs**
If you have disabilities, dietary restrictions or other special requests, please contact the Office of Continuing Medical Education at (518) 262-5828 by September 1 to discuss your needs.

**Acknowledgement**
A complete list of supporters will be provided at the conference.

**Attire**
Attire for the conference is neat casual. Since everyone has a different comfort level, we suggest that you dress in layers or bring a sweater.
AGENDA
FRIDAY, SEPTEMBER 11

7:45-8:20 am  Registration, Continental Breakfast

8:20-8:30 am  Welcome and Opening Remarks
   Erin Crosby, MD

8:30-8:50 am  Overview of Prolapse and Pessary Tips and Tricks
   Erin Crosby, MD

8:50-9:45 am  Surgical Management of Pelvic Organ Prolapse
   Erin Crosby, MD
   David M. Kimble, MD

9:45-10:00 am  Pelvic Organ Prolapse: Panel Discussion
   Erin Crosby, MD
   David M. Kimble, MD
   Elise De, MD

10:00-10:15 am  Break

10:15-11:00 am  Management of Constipation and Other Defecatory Disorders
   Asra Batool, MD

11:00-11:30 am  Physical Therapy for Pelvic Floor Disorders
   Carin Cappadocia, PT, DPT

11:30-12:15 pm  Female Sexual Dysfunction and Pelvic Floor Disorders
   Bridget M. Finn, PhD

12:15-1:00 pm  Lunch

1:00-1:30 pm  Management of Mesh Complications
   Elise De, MD

1:30-2:00 pm  Pelvic Pain Update
   Elise De, MD

2:00-2:45 pm  Diagnosis and Management of Urinary Incontinence
   Erin Crosby, MD
   David M. Kimble, MD

2:45-3:00 pm  Urinary Incontinence: Panel Discussion
   Erin Crosby, MD
   Elise De, MD
   David M. Kimble, MD

3:00 pm  Adjourn
Method of registration: Mail or Fax

Fax: Only registrations paid with a credit card will be accepted by fax at (518) 262-5679. This is a secure fax line.

Mail this form with payment to:
Office of Continuing Medical Education
Mail Code 1
Albany Medical College
Urogynecology Meeting
47 New Scotland Avenue
Albany, NY 12208-3479

Registration Form
2015 Urogynecology Conference
September 11, 2015

Pre-registration is required for all participants.

Please type or print clearly. Register one person per form. This form may be photocopied.

Name & Degree: (as to appear on conference materials, two degrees only)

____________________________________________________________________________

CME Credit Tracking: ____________________-____________________

Month of Birth                             Day of Birth                 First 4 Letters of Your First Name

Specialty: ________________________________________________________________

Organization: _____________________________________________________________

Department: ______________________________________________________________

Office Address: ____________________________________________________________

City: ___________________________ State: _____ Zip: _____________

Office Phone: ___________________________ Office Fax: __________________________

Home Address: _____________________________________________________________

City: ___________________________ State: _____ Zip: _____________

E-mail Address: _____________________________________________________________

CHECK METHOD OF PAYMENT:

☐ My check for $_______, payable to Albany Medical College is enclosed.

☐ Please charge my credit card for the amount of $___________.

(For credit card payment, complete information below.)

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Card Number: ___________________________ Expiration Date: _____/_____/_____

Name As It Appears On Card: ______________________________________________

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Method of Registration: Mail or Fax
We use multiple mailing lists for our conferences.
If you receive more than one brochure, kindly pass it on to a colleague.