



Life-Tech®
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Life-Tech

**CLINICAL URODYNAMIC
WORKSHOP**

**Pves
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URODYNAMIC WORKSHOP

- ☐ October 24 & 25, 2009 Houston, TX
- ☐ January 9 & 10, 2010 Houston, TX
- ☐ October 23 & 24, 2010 Houston, TX

Clinicians' Workshop:

- Review of urodynamic case studies
- Collagen injections and urodynamics
- Leak point pressure procedures
- Improving productivity through urodynamics
- Urodynamic troubleshooting and equipment maintenance

WHO SHOULD ATTEND

- Clinicians with little or no experience in urodynamics
- Experienced clinicians wanting to learn new urodynamic techniques
- Anyone wanting to acquire an understanding of urodynamic testing and its clinical applications
- Directors wanting to open a new urodynamic lab
- Attendees with non-Life-Tech urodynamic equipment are welcome

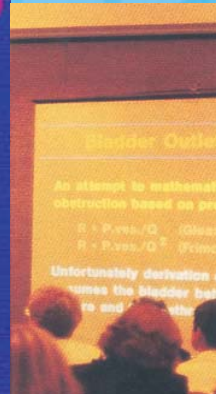
FACULTY

George Webster, M.B., F.R.C.S.

Dr. Webster is Professor of Urology, Head of Reconstructive Urology & Neuro-Urology at Duke University Medical Center in Durham, NC, where he also serves as Director of the Urodynamics Laboratory. Dr. Webster is an active member of a number of professional societies, including the American Urological Association, International Continence Society and the Society for Urodynamics and Female Urology. In addition, he has been widely published in the field of urodynamics. Committed to continuing education, he has served as visiting professor at numerous institutions and is frequently invited to lecture at professional meetings and workshops both in the United States and abroad.

The Practicum is supported by Life-Tech Regional Managers, Clinical Specialists and Clinical Consultants, all of whom have extensive experience in clinical Urodynamics and continence care.

urodynamics



URODYNAMICS LECTURE (SATURDAY)

- 7:00 am Registration (Continental Breakfast)
 7:15 am Introduction
 7:30 am Lower Urinary Tract Dysfunction
 The Role of Urodynamics
 The Urodynamic Armamentarium
 9:00 am Break
 9:15 am Cystometry Evaluation of the Detrusor
 11:00 am Lunch (provided)
 12:00 pm Evaluation of Voiding Function
 Uroflometry
 Pressure-Flow Studies
 Video Urodynamics
 1:00 pm Evaluation of the Outlet
 Urethral Pressure Studies
 Leak Point Pressure
 1:30 pm Identification of Neuropathy
 Sphincter EMG Studies
 2:00 pm Break
 2:15 pm Clinical Applications & Case Presentations
 3:30 pm Adjourn

URODYNAMICS PRACTICUM (SUNDAY)

- Small groups, hands-on training:
 Set-up of Life-Tech System 6 equipment & consumables
 Intro to Urodynamics Recording System
 Set-up of automated studies
 Flow
 CMG with EMG, VLPP, LP
 Pressure-flow
 UPP-GYN Group(s)
 Dry Lab Studies-Acquisition, troubleshooting techniques, analysis and evaluation of results for all urodynamic procedures
 Archival of Studies-File Management
 Hands-on practice at mannequin station for catheterization, taping, EMG electrode placement, etc.

PRACTICUM SCHEDULE (SUNDAY)

- 7:00 am Continental Breakfast
 7:30 am Groups to assigned stations
 9:00 am Break
 9:15 am Groups to assigned stations
 11:00 am Lunch (provided)
 12:00 pm Groups to assigned stations
 2:00 pm Certificate of Attendance & Adjourn

ACCREDITATION OF URODYNAMICS WORKSHOP

Please note that continuing education hours are no longer available for this workshop. Recent legislation prohibits the award of hours to programs offered by pharmaceutical companies or medical device manufacturers.

ENROLLMENT

To enroll, please complete this registration form and send to Life-Tech or you can register online at www.life-tech.com. **Tuition of U.S. \$590 before deadline and \$650 after deadline** must accompany the registration form to ensure your enrollment. **Discounts are available for groups of two or more, when registered at the same time. Please call for prices.**

Enrollment is limited and acceptance will be based on order in which registration forms are received. A confirmation letter that contains important information will be forwarded to your attention within two weeks of receipt of registration.

Tuition payment includes lecture series, practicum, course materials, continental breakfasts, lunches and coffee breaks.

Cancellations: If you are unable to attend, you may send a designee in your place or apply your payment toward a future workshop provided we receive your written notice at least 10 days prior to the start of the workshop. Cancellations up to 9 days prior to the workshop are subject to a \$150.00 cancellation fee. Cancellations on the 1st day of the workshop and "no shows" cannot be refunded or rescheduled. Life-Tech reserves the right to make changes to the workshop speakers, or to cancel workshops when conditions beyond our control prevail. If a workshop is not held for any reason, Life-Tech's liability is limited to the refund of the tuition fee only.

HOTEL RESERVATIONS

Life-Tech has negotiated extremely low room rates and reserved a block of rooms for this workshop. When calling the **Omni Houston Hotel**, please mention Life-Tech in order to receive the discounted group rate. The group rate and availability are only guaranteed when you make your reservation prior to the workshop registration deadline.

Omni Houston Hotel
 Four Riverway
 Houston, TX 77056
 Phone: (713) 871-8181
www.omnihotels.com

Please book early!

If you would like to register for your hotel room online, you must enter the Life-Tech group code in your registration confirmation letter.

Life-Tech accepts no responsibility for the cancellation of hotel reservations on or after the indicated check-in date.

REGISTRATION FORM**REGISTRATION**

(Please type or print legibly. Enter name, including credentials, as you wish it to appear on your certificate.)

MD DO PA RN LVN Other _____
 Name _____
 Institution/Practice _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____
 Name Badge Text: _____

Please enroll me in the following workshop(s):

Workshop Dates	Location	Deadline
<input type="checkbox"/> October 24 & 25, 2009	Houston, TX	October 2, 2009
<input type="checkbox"/> January 9 & 10, 2010	Houston, TX	December 18, 2009
<input type="checkbox"/> October 23 & 24, 2010	Houston, TX	October 1, 2010

- Check enclosed
 Please charge tuition to my credit card

Type: American Express Visa MasterCard Discover

Card Number _____
 Expiration date _____
 Exact name on card _____
 Billing Address _____
 City _____ State _____ Zip _____

Further workshop information will be sent within 2 weeks of receipt of registration. Preferred method of contact:

- Fax Email

If this information should be sent to a person other than the registered attendee, please provide contact information below:

Name: _____
 Fax / Email to: _____

Send completed form with payment to:

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