



CME Information

DV018 – Bariatric Surgery – An Instructional Program for GI Endoscopists

Instructions:

Read this information sheet pertaining to the video. View the video, then complete the evaluation form. Return completed evaluation forms to the ASGE via fax, mail or email. A CME certificate will be emailed within 2-4 weeks of receipt to the email address indicated on the form.

Description and Learning Objectives:

Upper gastrointestinal symptoms after gastric bypass surgery are frequently reported and may be difficult to interpret clinically. Endoscopy is often required for the evaluation of these symptoms. It is important that gastroenterologists be familiar with the surgically altered anatomy, and the possible complications that can occur following gastric bypass surgery. This instructional DVD will provide information on major bariatric operations along with video clips demonstrating normal anatomy and commonly encountered postoperative complications.

As a result of participating in this educational activity, learners will be able to identify surgically altered anatomy and list complications that may occur following bariatric surgery.

Target audience: Practicing gastroenterologists, gastroenterology fellows and trainees, medical residents, physician assistants, nurses.

Authors:

Christopher Huang, MD
R. Armour Forse, MD, PhD
Francis A. Farraye, MD, MSc

Disclosures:

This video was selected and peer-reviewed for CME purposes by ASGE's Postgraduate Education Subcommittee on Learning Materials. Please refer to their disclosures for this video.

Douglas Howell, MD

- Grants/Research Support: Olympus, Microvasive, Cook
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Amitabh Chak, MD

- Grants/Research Support: Olympus America, Inc

Gottumukkala Raju, MD

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Christopher Thompson, MD

- Consultant: Bard, BSC, Valenta, US Surgical, PowerMedical, USG

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Peter Draganov, MD	Frank Gress, MD	Christopher Huang, MD
Kenneth McQuaid, MD	Karen Woods, MD	Michael Vaezi, MD, PhD
Shyam Varadarajulu, MD		

CME Information:

ASGE is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

ASGE designates this educational activity for a maximum of 0.5 *AMA PRA Category 1 Credits*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.



ENDOSCOPIC LEARNING LIBRARY Evaluation/CME Request Form

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Name & Degree _____
Print your name and degree as you would like it to appear on your CME certificate

Institution _____

Mailing Address _____

City _____ State _____ Country _____ Postal Code _____

Phone _____ Fax _____ E-mail _____

I would like to receive my CME certificate by (check one): Mail Fax E-mail

Reflection on Learning

Please complete to assess the impact of this DVD on your knowledge, skills and/or practice.

As a result of watching this DVD, I (check all that apply):

- Reinforced my existing knowledge and/or skills.
- Increased my knowledge. Please specify what new knowledge you have gained as a result of watching this DVD:
- Enhanced my skill level. Please specify how your skills will improve as a result of watching this DVD:
- Identified areas for change in my practice. Please specify how you will change your practice as a result of watching this DVD:
- None of the above. Please indicate what you were hoping to learn and didn't from watching this DVD:

Overall Evaluation of DVD

- | | | | |
|--|---|--------------------------------|-----------------------------------|
| 1. The overall educational value of this DVD is excellent. | <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |
| 2. I would recommend this DVD to a colleague | <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |
| 3. I am interested in viewing additional ASGE DVDs | <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |
| 4. This DVD will positively impact my practice | <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |
| 5. The learning objectives for this DVD were met | <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |
| 6. I did not perceive any commercial bias in this program | <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree |

Continuing Medical Education Credit

ASGE is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. ASGE designates this educational activity for a maximum of 0.50 *AMA PRA Category 1 Credits*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Credits claimed (not to exceed 0.50): _____

I am a Physician Non-physician

Signature: _____ Date: _____

Mail or fax this completed form to: ASGE, 1520 Kensington Road, Suite 202. Oak Brook, IL 60523, USA. Fax: 630-573-0691. Questions? E-mail: education@asge.org or call 630-570-5614. Your CME certificate will be emailed to the address provided above in 2-4 weeks.